

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of )  
Mstaajabivu Express LLC of Bel Aire, Kansas )  
regarding the Violation(s) of the Motor Carrier )  
Safety Statutes, Rules and Regulations and the ) Docket No. 25-TRAM-540-UCR  
Commission's Authority to Impose Penalties, )  
Sanctions and/or the Revocation of Motor )  
Carrier Authority. )

**PROOF OF SERVICE**

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, Naima of Mstaajabivu Express LLC of Bel Aire, KS received valid service of the Penalty Order on 8/16/25, issued by the Commission on 8/12/25.

Dated this 9<sup>th</sup> day of September, 2025.


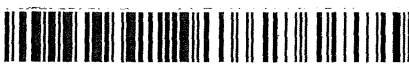
Respectfully submitted,

*/s/ Ahsan A. Latif*

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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
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For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>ZAINABU MIPAWA, OWNER MSTAAJABIVU EXPRESS LLC 5118 E ASHTON CT BEL AIRE, KS 67220</p>		<p>B. Received by (Printed Name) <u>Naima</u></p> <p>C. Date of Delivery <u>8/16/25</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 1188 0618 73</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>or delivery address below:</p> <p>Kansas Corporation Commission</p> <p>AUG 20 2025</p> <p>Office of Litigation Counsel</p>	
<p>Barcode: </p> <p>9590 9402 8963 4064 4164 36</p>		<p> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Mail Restricted Delivery (00)  <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	