

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Capital**)
Trucking, LLC, of Topeka, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 20-TRAM-160-PEN
and the 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, on October 18, 2019, Capital Trucking, LLC received valid service of the Penalty Order issued by the Commission on October 15, 2019.


Dated this 23rd day of October, 2019.

Respectfully submitted,



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
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>20160-PEN</i> 	<p>A. Signature <i>Margy Walter</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Margy Walter</i> C. Date of Delivery <i>10/18/19</i></p> <p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p>
<p>ERIC BETTIS, MANAGER CAPITAL TRUCKING, LLC 1800 NW BRICKYARD RD TOPEKA, KS 66618</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<div style="text-align: center;">  <i>10-5</i> 9590 9402 2218 6193 7307 92 </div> <p>2. Article Number (Transfer from service label) 7012 2920 0001 4263 7235</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt