

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of Utility )  
Solutions of Kansas, LLC. Regarding )  
Violations of the Kansas Underground Utility )  
Damage Prevention Act (KUUDPA) (K.S.A. ) Docket No. 25-DPAX-303-PEN  
66-1801, et seq., and K.A.R. 82-14-5) and the )  
Commission's Authority to Impose Penalties )  
and/or Sanctions (K.S.A. 66-1,151). )  
)

**PROOF OF SERVICE**

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, an unknown person of Utility Solutions of Kansas, LLC, received valid service of the Penalty Order on 3-13-25, issued by the Commission on 3-6-25.

Dated this 8th day of April, 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	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>8/13/25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: ISAIAH AST, OWNER UTILITY SOLUTIONS OF KANSAS, LLC 1645 S WEST ST WICHITA, KS 67213		Kansas Corporation Commission APR 18 2024	
 9590 9402 8957 4064 9501 99		3. Service type <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"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery	
2. Article Number (Transfer from service label) 9589 0710 5270 0629 3524 02		<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	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	