

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of J Fellers )  
Contracting Inc of Weir, Kansas, regarding the )  
Violation(s) of the Motor Carrier Safety )  
Statutes, Rules and Regulations and the ) Docket No. 24-TRAM-698-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, Cindy Fellers of J Fellers Contracting Inc of Weir, Kansas, received valid service of the Suspension Order on 7-29-24, issued by the Commission on 7-25-24.

Dated this 6th day of August, 2024.

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 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.

1. Article Addressed to:

JAMES R FELLERS, OWNER  
J FELLERS CONTRACTING INC  
PO BOX 216  
WEIR, KS 66781



9590 9402 8331 3094 4304 57

2. Article Number (Transfer from service label)

9589 0710 5270 0638 9812 73

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]* ☐ Address see

B. Received by (Printed Name)

*Cindy Fellers* C. Date of Delivery *7/29/24*

D. Is delivery address different from item 1? ☐ Yes ☒ No  
or delivery address below:

Kansas Corporation Commission

**JUL 31 2024**

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|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®              | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery |                                                                     |
| Mail                                                             |                                                                     |
| Mail Restricted Delivery                                         |                                                                     |
| 00)                                                              |                                                                     |

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt