

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

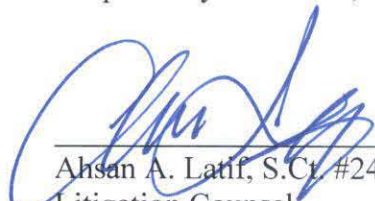
In the Matter of the Investigation of **Todd**)
Miller Trucking, Inc., of Wathena, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 16-TRAM-453-PEN
and the Commission's Authority to Impose)
Penalties, Sanctions and/or the Revocation of)
Motor Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on May 2, 2016, Todd Miller Trucking, Inc. received valid service of the Penalty Order issued by the Commission on April 26, 2016.

Dated this 24 day of May, 2016.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3118 (Telephone)
(785) 271-3167 (Facsimile)
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For Commission Staff

SENDER

- Complete
- 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. 16-453-PEN

TODD MILLER, PRESIDENT
TODD MILLER TRUCKING, INC.
PO BOX 541
WATHENA, KS 66090

☒ Agent
☐ Addressee
B. Received by (Printed Name) Todd Miller C. Date of Delivery 5/21/16
address different from item 1? ☐ Yes
or delivery address below: ☐ No



426 9590 9403 0605 5183 2465 86

2. Article Number (Transfer from service label)

7010 3090 0000 7200 4272

3. Service Type
- | | |
|--|---|
| <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"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Restricted Delivery | |

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

Domestic Return Receipt