

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of Brush )  
Creek Harvesting LLC of Prairie View, )  
Kansas, regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 24-TRAM-881-PEN  
Regulations 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, that Jon Yocum of Brush Creek Harvesting LLC, of Prairie View, Kansas, received valid service of the Penalty Order on 7-8-24, issued by the Commission on 6-27-24.

Dated this 16th day of July, 2024.


Respectfully submitted,

*/s/ Ahsan A. Latif*

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Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
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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>	A. Signature <input checked="" type="checkbox"/> <i>Jon Yocum</i> <div style="float: right;"><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</div>	
1. Article Addressed to:	B. Received by (Printed Name) <i>Jon Yocum</i>	C. Date of Delivery <i>7-8-24</i>
JON YOCUM, PRESIDENT BRUSH CREEK HARVESTING LLC 1046 W LIMESTONE RD PRAIRIE VIEW, KS 67664	D. Is delivery address different from item 1 or delivery address below? <div style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
	<i>Kansas Corporation Commission</i> <i>JUL 11 2024</i> <i>Office of Regulation Counsel</i>	
 9590 9402 8290 3094 6027 04	<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"/> 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	
2. Article Number (Transfer from service label) 9589 0710 5270 0463 2062 51	<input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (0)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt