

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Hinkle**)
Trucking LLC, of Severy, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 19-TRAM-268-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 January 29, 2019, Hinkle Trucking LLC received valid service of the Penalty Order issued by the Commission on January 24, 2019.


Dated this 19th day of February, 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	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>19268-AN</i></p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>1-29-19</i></p>	
<p>GREGG L. HINKLE, MANAGING MEMBER HINKLE TRUCKING LLC PO BOX 55 SEVERY, KS 67137-0055</p>		<p>Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Delivery address below <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p> 1-24 9590 9402 2589 6336 9312 03</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0001 4263 1820</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	