

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Andrew's)
Ag Transport LLC of Isabel, Kansas, regarding)
the Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 24-TRAM-647-PEN
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, Andrew Waggoner of Andrew's Ag Transport LLC of Isabel, KS, received valid service of the Penalty Order on 4-4-24, issued by the Commission on 4-2-24.

Dated this 9th day of April, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

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"> ■ 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. | <p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>ARW</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Andrew Waggoner</i> <i>4-4-24</i></p> | |
| <p>1. Article Addressed to:</p> <p>ANDREW WAGGONER, OWNER OPERATOR ANDREW'S AG TRANSPORT LLC 11383 NE HARVEST RD ISABEL, KS 67065</p> <p>9590 9402 8332 3094 2216 65</p> | <p>address different from item 1? <input type="checkbox"/> Yes</p> <p>or delivery address below: <input type="checkbox"/> No</p> <p style="text-align: right;">Kansas Corporation Commission</p> <p style="text-align: right;">APR 09 2024</p> <p>3. Service type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery</p> | |
| <p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0721 4819 70</p> | <p>Mail Mail Restricted Delivery 30)</p> | |
| <p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p> | | |