

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Craig**)
Russell, d/b/a Craig Russell Trucking, of)
Scott City, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 17-TRAM-227-PEN
Statutes, Rules and 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, on December 19, 2016, Craig Russell, d/b/a Craig Russell Trucking received valid service of the Penalty Order issued by the Commission on December 8, 2016.


Dated this 28th day of December, 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)
a.latif@kcc.ks.gov (Email)

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. 17-227-PEN</p>		<p>A. Signature X <i>Craig Russell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name) <i>Craig Russell</i>	C. Date of Delivery 12-19-16
<p>CRAIG RUSSELL, OWNER CRAIG RUSSELL D/B/A CRAIG RUSSELL TRUCKING 532 CO RD 16 SCOTT CITY, KS 67871</p>		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p> 12-8 9590 9402 2448 6249 5995 94</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 checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 2376</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	