

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Jason**)
Penner, d/b/a Penner Lawn Care, of)
Hutchinson, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 12-TRAM-744-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, Amber Whitlock, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 26, 2012, Jason Penner, d/b/a Penner Lawn Care received valid service of the Penalty Order issued by the Commission on April 24, 2012.

Dated this 3 day of May, 2012.

Respectfully submitted,



Amber Smith, S.Ct. #23911
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3301 (Telephone)
(785) 271-3167 (Facsimile)
a.smith@kcc.ks.gov (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 12-744-FEN 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
JASON PENNER, OWNER JASON PENNER D/B/A PENNER LAWN CARE 62 RANDOM ROAD HUTCHINSON, KS 67502	B. Received by (Printed Name) JASON PENNER	C. Date of Delivery 4-26-12
	address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No	
4.24	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7011 1570 0002 6279 0639	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		