

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Wilks**)
Underground Utilities, LLC, of Wichita,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 19-TRAM-345-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, on March 8, 2019, Wilks Underground Utilities, LLC received valid service of the Penalty Order issued by the Commission on March 5, 2019.

Dated this 14th day of March, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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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>19-345-PEN</i></p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="text-align: center;"> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <div style="text-align: center; font-family: cursive;"> <i>RICK WILKEN</i> </div> </p> <p>C. Date of Delivery <div style="text-align: center; font-family: cursive;"> <i>3-8-12</i> </div> </p> <p>Address different from item 1? <input type="checkbox"/> Yes If delivery address below: <input type="checkbox"/> No </p>
<p style="text-align: center; font-weight: bold;">RICK WILKEN, MANAGER WILKS UNDERGROUND UTILITIES, LLC 12000 W K42 HWY WICHITA, KS 67227-8463</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
<div style="text-align: center;"> </div> <p><i>35</i> 9590 9402 2589 6336 9315 48</p> <p><i>2</i> Article Number/Transfer from service label 7016 1970 0001 0574 6435</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p style="text-align: right;">Domestic Return Receipt</p>