

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

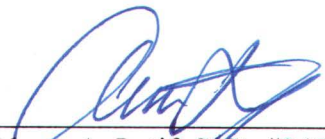
In the Matter of the Investigation of **Jerry W. Hoppe, d/b/a Hoppe's Trucking, of Glasco, Kansas**, Regarding the Violation(s) of the Motor Carrier Safety Statutes, Rules and Regulations and the Commission's Authority to Impose Penalties, Sanctions and/or the Revocation of Motor Carrier Authority.)
)
)
) Docket No. 19-TRAM-289-PEN
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PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on February 8, 2019, Jerry W. Hoppe, d/b/a Hoppe's Trucking received valid service of the Penalty Order issued by the Commission on February 5, 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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Topeka, Kansas 66604
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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. 19-289-161</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Jason Jones</i></p>	
		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Jason Jones</i> <i>2/8/19</i></p>	
<p>JERRY W. HOPPE, OWNER JERRY W. HOPPE D/B/A HOPPE'S TRUCKING 539 N 30TH RD GLASCO, KS 67445-9346</p>		<p>Address different from item 1? <input type="checkbox"/> Yes delivery address below: <input type="checkbox"/> No</p>	
<p>2-5 9590 9402 2589 6336 9313 02</p> <p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0001 0574 6770</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"/> Mail Restricted Delivery</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>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	