

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Hullabyllc)
d/b/a Kanan Hullaby of Kansas City, Kansas)
regarding the Violation(s) of the Motor Carrier)
Safety Statutes, Rules and Regulations and the) Docket No. 25-TRAM-516-UCR
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, Hullabyllc d/b/a Kanan Hullaby received valid service of the Penalty Order on 8/8/25, issued by the Commission on 8/5/25.

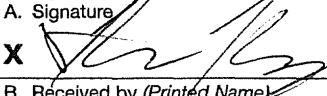
Dated this 21st day of August, 2025.

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	
<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.</p>		<p>A. Signature <input checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>KANAN HULLABY, OWNER HULLABY LLC -D/B/A KANAN HULLABY 5131 PARKVIEW AVE KANSAS CITY, KS 66104</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery 8-8-25</p>	
<p>D. Is delivery address different from item 1 or delivery address shown below? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Office of Litigation Counsel</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8963 4064 4166 58</p>		<p><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 <input type="checkbox"/> Mail Restricted Delivery (00)</p>	
<p>9589 0710 5270 0639 9724 16</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	