

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

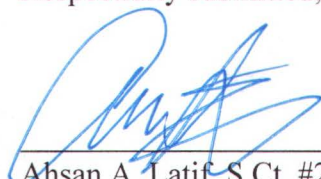
In the Matter of the Investigation of **Philip**)
Schankie, of Madison, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 20-TRAM-041-PEN
Commission's Authority to Impose Penalties,)
Sanctions and/or the Revocation of Motor)
Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on August 12, 2019, Philip Schankie received valid service of the Penalty Order issued by the Commission on August 6, 2019.


Dated this 21st day of August, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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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. <i>20-041-PEN</i></p>	<p>A. Signature <i>X [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Amanda Szambecki</i> C. Date of Delivery <i>8-12-19</i></p>														
<p>PHILIP SCHANKIE, OWNER PHILIP SCHANKIE 2604 370TH STREET MADISON, KS 66860-8507</p>	<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>														
<p> 9590 9402 2218 6193 7318 36 <i>9-6</i></p> <p>Article Number (Transfer from carrier label) 7012 2920 0001 4263 2964</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)															
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>															