

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

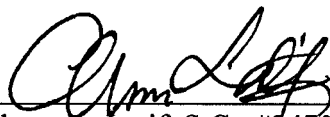
In the Matter of the Investigation of **Cody** )  
**Thiede, d/b/a Thiede Trucking, of Quinter,** )  
**Kansas,** Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 18-TRAM-312-PEN  
Regulations and the Commission's Authority )  
to Impose Penalties, Sanctions 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 February 21, 2018, Cody Thiede, d/b/a Thiede Trucking received valid service of the Penalty Order issued by the Commission on February 6, 2018.


Dated this 6<sup>th</sup> day of March, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
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For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>18-312-PTN</i></li> </ul>	<p>A. Signature</p> <p><i>[Signature]</i></p>	<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>2-2-18</i></p>
<p>CODY THIEDE, OWNER CODY THIEDE D/B/A THIEDE TRUCKING PO BOX 5 QUINTER, KS 67752-0005</p> <p style="text-align: right;">address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>		
 <i>26</i> 9590 9402 2589 6336 9026 54	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail<sup>®</sup> <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Registered Mail<sup>™</sup> <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation<sup>™</sup> <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 4394</p> <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 <span style="float: right;">Domestic Return Receipt</span></p>		