

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

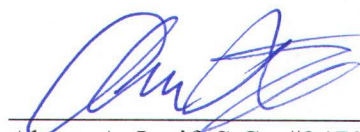
In the Matter of the Investigation of **Bryce**)
Heckert, d/b/a B Heckert Trucking, of)
Pittsburg, Kansas, Regarding the Violation(s))
of the Motor Carrier Safety Statutes, Rules and) Docket No. 19-TRAM-359-PEN
Regulations and the Commission's Authority)
to Impose Penalties, Sanctions and/or the)
Revocation 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 28, 2019, Bryce Heckert, d/b/a B Heckert Trucking received valid service of the Penalty Order issued by the Commission on March 19, 2019.


Dated this 5th day of April, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
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>4-359-PEN</i></p>		<p>A. Signature <i>X</i> <i>Bryce Heckert</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>Bryce Heckert</i> C. Date of Delivery <i>3-28-19</i></p>	
<p>BRYCE M. HECKERT, OWNER BRYCE HECKERT D/B/A B HECKERT TRUCKING 302 N CAYUGA FRONTENAC, KS 66763</p>		<p>address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>629 Village X</i> <i>Pittsburg, Mo</i> <i>64562</i></p>	
<p> 3-1 9590 9402 2589 6336 9048 01</p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt <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</p>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 6305</p>			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>			

Domestic Return Receipt