

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of Russell L. )  
Jones d/b/a R&L Trucking & Sons, Smolan, )  
Kansas, Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 24-TRAM-350-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, Russell Jones of Russell L. Jones d/b/a R&L Trucking & Sons of Smolan, KS, received valid service of the Penalty Order on 11-16-23; issued by the Commission on 11-7-23.

Dated this 20<sup>th</sup> day of November, 2023.

Respectfully submitted,

*/s/ Ahsan A. Latif*

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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. <i>24-350 Pen</i></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.</li> </ul>	<p>A. Signature</p> <p><i>X Jones</i></p>	<p><input type="checkbox"/> Agent</p> <p><input checked="" type="checkbox"/> Addressee</p>
<p>RUSSELL JONES, OWNER  RUSSELL L. JONES D/B/A R &amp; L TRUCKING &amp; SONS  2852 W SMOLAN RD  SMOLAN, KS 67456</p>	<p>B. Received by (Printed Name)</p> <p><i>Russel Jones</i></p>	<p>C. Date of Delivery</p> <p><i>11/16/23</i></p>
<p>9590 9402 8333 3094 3548 81</p>	<p>Address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If delivery address below: <input checked="" type="checkbox"/> No</p> <p>Kansas Corporation Commission  Kansas Corporation Commission</p> <p>NOV 20 2023</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0446 7736 95</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input checked="" 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"/> Insured Mail</p> <p><input type="checkbox"/> Insured 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"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9000</p> <p style="text-align: right;">Domestic Return Receipt</p>		