

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Mike's**)
Moving Pros, LLC, of Topeka, Kansas,)
Regarding the Violation(s) of the Motor)
Carrier Safety Statutes, Rules and Regulations) Docket No. 20-TRAM-468-PEN
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 May 27, 2020, Mike's Moving Pros, LLC received valid service of the Penalty Order issued by the Commission on May 21, 2020.

Dated this 29th day of May, 2020.

Respectfully submitted,

/s/ Ahsan A. Latif
Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
Kansas Corporation Commission
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Topeka, Kansas 66604
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For Commission Staff

<p>17</p> <p>MAIM 14004 C19</p>	
<p>SENDER COMPLETE THIS SECTION</p> <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>20-468-P6N</i></p>	
<p>COMPLETE THIS SECTION ON DELIVERY</p>	
<p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>B. Received by (Printed Name)</p> <p><i>M. Stewart</i></p>	<p>C. Date of Delivery</p> <p><i>5/27/00</i></p>
<p>MIKE J. STEWART, MANAGING MEMBER MIKE'S MOVING PROS, LLC 5753 SW 22ND TERR APT 5 TOPEKA, KS 66614-5011</p>	
<p>address different from item 1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>or delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p></p> <p>9590 9402 2218 6193 7401 11</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input 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 Restricted Delivery (over \$500)</p>
<p>521</p> <p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0001 4263 5472</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"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>	
<p>Domestic Return Receipt</p>	