

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Mark)
Transport of Dodge City, Kansas, regarding)
the Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 24-TRAM-627-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, Marcos Mancia of Mark Transport LLC of Dodge City, KS, received valid service of the Penalty Order on 4-13-24, issued by the Commission on 4-9-24.

Dated this 18th day of April, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p>	<p>A. Signature</p> <p>X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>MARCOS MANCIA, OWNER MARK TRANSPORT LLC 911 KELLY AVE DODGE CITY, KS 67801-5931</p>	<p>B. Received by (Printed Name) 4-13-24</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7022 0410 0003 4737 6169</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p> <p>Kansas Corporation Commission</p> <p style="text-align: center; font-size: 1.2em;">APR 17 2024</p> <p style="text-align: center;">Office of Litigation Counsel</p>
<p>  9590 9402 8332 3094 2216 10 </p>	<p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (00) </p> <p> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </p>
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>	