

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Brian J.**)
Nisly, d/b/a Nisly Construction, of)
Partridge, Kansas, Regarding the Violation(s))
of the Motor Carrier Safety Statutes, Rules and) Docket No. 20-TRAM-009-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 July 15, 2019, Brian J. Nisly, d/b/a Nisly Construction received valid service of the Penalty Order issued by the Commission on July 11, 2019.


Dated this 25th day of July, 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 |
|--|--|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>2D-D09-PEN</i> | <p>A. Signature <i>Brian J. Nisly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Brian J. Nisly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brian J. Nisly</i> C. Date of Delivery <i>7/15/19</i></p> |
| <p>BRIAN J. NISLY, OWNER BRIAN J. NISLY D/B/A NISLY CONSTRUCTION 9512 S SALEM RD PARTRIDGE, KS 67566</p> <p style="text-align: right;">address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p> | |
|  <i>7-11</i> 9590 9402 2218 6193 7315 46 | <p>3. Service Type</p> <ul style="list-style-type: none"> <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"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <p>7012 2920 0001 4263 3220</p> | |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p> | |