

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Holzer and)
Partners Inc of Manhattan, Kansas, regarding)
the Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 24-TRAM-845-UCR
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, that Navi Balthazor of Holzer and Partners Inc of Manhattan, Kansas, received valid service of the Penalty Order on 6-24-24, issued by the Commission on 6-18-24.


Dated this 10th day of July, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
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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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Navi Balthazor</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>Navi Balthazor</i></p> <p>C. Date <i>6/24/24</i></p>
<p>1. Article Addressed to:</p> <p>NAZAR MUDRIK, OWNER HOLZER AND PARTNERS INC 632 TUTTLE CREEK BLVD STE 1068 MANHATTAN, KS 66502</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>JUL 03 2024</p> <p>Office of Litigation Counsel</p>
 9590 9402 8290 3094 1208 02	<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"/> Priority Mail Express® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>9589 0710 5270 0631 4873 90</p>	<p>Mail Mail Restricted Delivery 00)</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt