

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

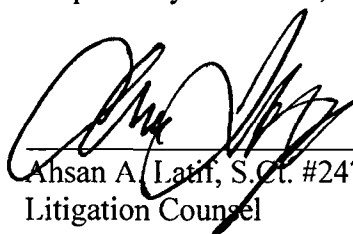
In the Matter of the Investigation of **Hatfield**)
Trucking, LLC, of Colby, Kansas, Regarding)
the Violation(s) of the Motor Carrier Safety)
Statutes, Rules and Regulations and the) Docket No. 18-TRAM-346-PEN
Commission's Authority to Impose Penalties,)
Sanctions and/or the Revocation of Motor)
Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on March 5, 2018, Hatfield Trucking, LLC received valid service of the Penalty Order issued by the Commission on February 27, 2018.

Dated this 14th day of March, 2018.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
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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. 18-346-P EN 	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> A. Signature </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> B. Received by (Printed Name) [Signature] </div> <div style="width: 35%;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <div style="border-top: 1px solid black; margin-top: 5px;"> C. Date of Delivery 3-5-18 </div>
<p>PEGGY REDMON, MEMBER HATFIELD TRUCKING, LLC 1103 CO RD 26 COLBY, KS 67701</p>	<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>
<div style="text-align: center;"> </div> <p>2-29590 9402 2589 6336 9028 69</p>	<div style="border-top: 1px solid black; margin-top: 5px;"> 3. Service Type </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>
2. Article Number (Transfer from service label) <div style="text-align: center; font-size: 1.2em;">7016 1970 0001 0574 4202</div>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt </div>	