

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

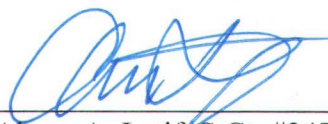
In the Matter of the Investigation of **Mark** )  
**Neis, d/b/a Mark Neis Farms, of Eudora,** )  
**Kansas,** Regarding the Violation(s) of the )  
Motor Carrier Safety Statutes, Rules and ) Docket No. 20-TRAM-109-PEN  
Regulations and the Commission's Authority )  
to Impose Penalties, Sanctions and/or 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 September 17, 2019, Mark Neis, d/b/a Mark Neis Farms received valid service of the Penalty Order issued by the Commission on September 12, 2019.

Dated this 27<sup>th</sup> day of September, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
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For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>20-109-PEN</i></p>		<p>A. Signature  <i>X Mark Neis</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery <i>9-17-19</i>
<p>MARK NEIS, OWNER  MARK NEIS D/B/A MARK NEIS FARMS  12775 COUNTY LINE RD  EUDORA, KS 66025</p>		<p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 2218 6193 7305 18</p> <p>9.12</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0001 4264 0020</p>			
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	