

BEFORE THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS

In the Matter of the Investigation of **Wayne** )  
**Frost, d/b/a Frost Farms, of Esbon, Kansas,** )  
Regarding the Violation(s) of the Motor )  
Carrier Safety Statutes, Rules and Regulations ) Docket No. 20-TRAM-001-PEN  
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, Wayne Frost, d/b/a Frost Farms received valid service of the Penalty Order issued by the Commission on July 9, 2019.


Dated this 25<sup>th</sup> day of July, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709  
Litigation Counsel  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, Kansas 66604  
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For Commission Staff

| SENDER: COMPLETE THIS SECTION  |   | COMPLETE THIS SECTION ON DELIVERY  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
|--|---|--|--|--|---|--|---|---|--|---|---|--|--|--|---|---|--|
| <p>■ Complete items 1, 2, and 3. <b>20-001-DEN</b></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. <b>6-525-PEN</b></p> |   | <p>A. Signature<br/> <b>X Wayne F Frost</b> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>   |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
|  |   | <p>B. Received by (Printed Name) <b>Wayne Frost</b> C. Date of Delivery <b>7/15/19</b></p>   |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p>WAYNE FROST, OWNER<br/>         WAYNE FROST D/B/A FROST FARMS<br/>         2138 50 RD<br/>         ESBO, KS 66941-1819</p>  |   | <p>Address different from item 1? <input type="checkbox"/> Yes<br/>         or delivery address below: <input checked="" type="checkbox"/> No</p>  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p><br/> <b>9590 9402 2218 6193 7314 78</b></p>   |   | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table> |  | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Mail Restricted Delivery |  |
| <input type="checkbox"/> Adult Signature   | <input type="checkbox"/> Priority Mail Express®                     |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Adult Signature Restricted Delivery   | <input type="checkbox"/> Registered Mail™                           |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input checked="" type="checkbox"/> Certified Mail®  | <input type="checkbox"/> Registered Mail Restricted Delivery        |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Certified Mail Restricted Delivery  | <input type="checkbox"/> Return Receipt for Merchandise             |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Collect on Delivery   | <input type="checkbox"/> Signature Confirmation™                    |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery   | <input type="checkbox"/> Signature Confirmation Restricted Delivery |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <input type="checkbox"/> Mail Restricted Delivery  |   |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p>2. Article Number (Transfers from service label)<br/> <b>7012 2920 0001 4263 3295</b></p>   |   |  |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>  |   | <p>Domestic Return Receipt</p>   |  |  |   |  |   |   |  |   |   |  |  |  |   |   |  |