

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

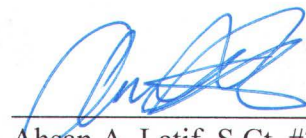
In the Matter of the Investigation of **Manuel**)
Hernandez, d/b/a M. Hernandez Trucking,)
of Garden City, Kansas, Regarding the)
Violation(s) of the Motor Carrier Safety) Docket No. 20-TRAM-047-PEN
Statutes, Rules and Regulations and the)
Commission's Authority to Impose Penalties,)
Sanctions and/or 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 August 14, 2019, Manuel Hernandez, d/b/a M. Hernandez Trucking received valid service of the Penalty Order issued by the Commission on August 8, 2019.

Dated this 23rd day of September, 2019.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #24709
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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.</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. <u>10-041-PEN</u></p>		<p>A. Signature <input checked="" type="checkbox"/> <u>Manuel Hernandez</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <u>Lizbeth Hernandez</u> <input type="checkbox"/> Date of Delivery <u>8-14-15</u></p>	
<p>MANUEL HERNANDEZ, OWNER - MANUEL HERNANDEZ D/B/A M. HERNANDEZ TRUCKING 6040 E WATERHOLE DRIVE GARDEN CITY, KS 67846</p>		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>9A 9590 9402 2218 6193 7318 67</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Mail Restricted Delivery</p>	
<p>Article Number (Transfer from carrier label)</p> <p>7012 2920 0001 4263 2933</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	