

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS


In the Matter of the Investigation of **Venture**)
Transportation, LLC, of Baxter Springs,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 19-TRAM-108-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. Iatif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on October 3, 2018, Venture Transportation, LLC received valid service of the Penalty Order issued by the Commission on September 25, 2018.


Dated this 16th day of October, 2018.

Respectfully submitted,



Ahsan A. Iatif, S.Ct. #24709
Litigation Counsel
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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>19-108-PEN</i></p>		<p>A. Signature X <i>Kyle Young</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed name) <i>Kyle Young</i></p>	<p>C. Date of Delivery <i>10-3-18</i></p>
<p>MELISA L. COLEMAN, GENERAL MANAGER VENTURE TRANSPORTATION, LLC 11604 SW 30TH ST BAXTER SPRINGS, KS 66713</p>		<p>Address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No</p>	
<p>1. Barcode  <i>9-25</i> 9590 9402 2589 6336 9302 99</p>		<p>3. Service Type <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"/> All Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label) 7016 1970 0001 0574 5209</p>		<p><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</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	