

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

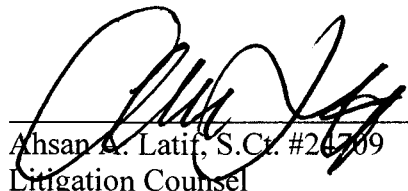
In the Matter of the Investigation of **David**)
Roach, d/b/a WGC Trucking, of Lewis,)
Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 17-TRAM-421-PEN
Regulations and the Commission's Authority)
to Impose Penalties, Sanctions and/or the)
Revocation of Motor Carrier Authority.)

PROOF OF SERVICE

The undersigned, Ahsan A. Latif, Litigation Counsel, hereby makes record that pursuant to the attached Domestic Return Receipt, on April 8, 2017, David Roach, d/b/a WGC Trucking received valid service of the Penalty Order issued by the Commission on April 4, 2017.

Dated this 25 day of April, 2017.

Respectfully submitted,



Ahsan A. Latif, S.Ct. #26709
Litigation Counsel
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, Kansas 66604
(785) 271-3118 (Telephone)
(785) 271-3167 (Facsimile)
a.latif@kcc.ks.gov (Email)

For Commission Staff

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ 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. 17-421-PEN 		<p>A. Signature x <i>Bry Hamlin</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>DAVID ROACH, OWNER DAVID ROACH D/B/A WGC TRUCKING 1953 JACKSON ST LEWIS, KS 67552-5220</p>		<p>B. Received by (Printed Name) <i>Dave Hamlin</i></p> <p>C. Date of Delivery <i>4-8-17</i></p>	
<p>4-4</p>		<p>address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7016 1970 0001 0574 1201</p>	