

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of the)
Golden Belt Cooperative Association, Inc.,)
Ellis, Kansas, Regarding the Violation(s) of the)
Motor Carrier Safety Statutes, Rules and) Docket No. 24-TRAM-348-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, Desirae Fischer of The Golden Belt Cooperative Association Inc. of Ellis, KS, received valid service of the Penalty Order on 11-20-23; issued by the Commission on 11-16-23.

Dated this 20th day of November, 2023.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
Litigation Counsel
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For Commission Staff

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ 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. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Desiree Fischer</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Desiree Fischer</i> <i>20 Nov 23</i></p>	
<p>1. Article Addressed to:</p> <p>ERIC WERTH, GENERAL MANAGER THE GOLDEN BELT COOPERATIVE KANSAS <i>INC</i> INC. PO BOX 138 ELLIS, KS 67637</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below <input type="checkbox"/> No</p> <p style="text-align: center;">NOV 22 2023</p> <p style="text-align: center;"><i>Office of Litigation Counsel</i></p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 8146 3030 1061 05</p>	<p><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"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p>9589 0710 5270 0737 2743 68 <input type="checkbox"/> Mail Restricted Delivery (00)</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt</p>		