

BEFORE THE STATE CORPORATION COMMISSION
OF THE STATE OF KANSAS

In the Matter of the Investigation of Victoria)
Delivery Service LLC of Wichita, Kansas,)
regarding the Violation(s) of the Motor Carrier)
Safety Statutes, Rules and Regulations and the) Docket No. 24-TRAM-830-UCR
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, an Individual of Victoria Delivery Service LLC of Wichita, Kansas, received valid service of the Penalty Order on 6-18-24, issued by the Commission on 6-13-24.

Dated this 24th day of June, 2024.

Respectfully submitted,

/s/ Ahsan A. Latif

Ahsan A. Latif, S.Ct. #24709
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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. 	A. Signature <input checked="" type="checkbox"/> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: JACOB BAHATI, OWNER VICTORIA DELIVERY SERVICE LLC 8005 E ZIMMERLY STREET WICHITA, KS 67207	B. Received by (Printed Name) 	C. Date of Delivery 6-20-24
2. Article Number (Transfer from service label) 9590 9402 8290 3094 6038 62	D. Is delivery address different from item 1? <input type="checkbox"/> Yes or delivery address below: <input type="checkbox"/> No <div style="text-align: center;"> <p>Kansas Corporation Commission</p> <p>JUN 24 2024</p> <p>Courier of Litigation Counsel</p> </div> 3. Service type: <input type="checkbox"/> Adult Signature <input checked="" type="checkbox"/> Adult Signature Restricted Delivery <input 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"/> Mail Restricted Delivery (00)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

Domestic Return Receipt