

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

Plaintiff,

v.

Case No.

ANDREW M. SAUL,
Commissioner,
Social Security Administration,

Defendant.

Certificate of Electronic Service
Pursuant to GO 17-10

I hereby certify that on _____ (date), I electronically transmitted the following:

Summons
Complaint
Identifying Information

for the above captioned case in full compliance with subparagraph 2(A) of General Order 17-10, to the following ECF registrants:

The United States Attorney's Office for the Northern District of Oklahoma at
USAOKN.ECFCivil@usdoj.gov, and
the Denver Office of Regional Counsel for the Social Security Administration
OGC.DEN.Service.NDOK@ssa.gov

Date: _____

Signature: _____

Print Name: _____

OK State Bar Number (if applicable): _____

E-Mail Address: _____

Firm Name: _____

Mailing Address: _____

City

State

ZIP Code

Phone Number: _____

Fax Number: _____