**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA**

|  |  |  |
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|  |  |  |
| Plaintiff, |  |  |
| vs. |  | Case No.:  |
|  |  |  |
|  |  | **CERTIFICATE OF ELECTRONIC SERVICE** |
| ANDREW M. SAUL,Commissioner,Social Security Administration, |  |
| Defendant. |  |  |

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

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|  |
| Summons |
| Complaint |
| Identifying Information |
|  |
| for the above captioned case in full compliance with LCvR5-1, 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 at: |  |
| **OGC.DEN.SERVICE.NDOK@ssa.gov** |  |
|  |
|  |
|  |  | Signature: |  | Date: |  |
|  |
|  |  | Print Name: |  |
|  |
|  |  | Firm: |  |
|  |
|  |  | New Address: |  |
|  |
|  |  | City, State, Zip Code: |  |
|  |
|  |  | Phone Number: |  |
|  |
|  |  | Fax Number: |  |
|  |
|  |  | Email Address: |  |
|  |
|  |  | OK State Bar Number (if applicable): |  |  |
|  |