**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 | | | | | | | | | | | | | | | | |
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| 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** | | | | | | |  | | | | | | |
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|  | | | |  | Phone Number: |  | | | | | | | | |
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|  | | | |  | Email Address: |  | | | | | | | | |
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|  | | |  | | OK State Bar Number (if applicable): | |  | | |  | | | | |
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