In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

Petitioner(s)))) Case No.		
v.			
SECRETARY OF HEALTH AND HUMAN SERVICES Respondent	Special Master		
<u>CERTIFICA</u>	ΓΕ OF SERVICE		
I hereby certify that a copy of the petition a	and accompanying doc	uments was s	erved on the
Secretary of Health and Human Services o	n this date		, by
first class or certified mail to the following	address:		
Secretary of Health and Human Services c/o Director, Division of Injury Compens Health Resources and Services Administra National Vaccine Injury Compensation Pt 5600 Fishers Lane, 8W-25A Rockville, MD 20857	ation		
	Signature		
	Street Address		
	City	State	Zip Code
	Telephone No.		