<< Claimant Name>> ) SOUTH CAROLINA

 Claimant, ) WORKERS’ COMPENSATION

 ) COMMISSION

 v. )

 ) WCC FILE NO: \_\_\_\_\_\_\_\_\_\_\_\_

<< Employer Name>> )

 Employer, )

 And )

 )

<< Carrier Name>>, )

 Carrier, Defendants. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**CERTIFICATE OF SERVICE**

 This is to certify that the undersigned has served this << name of filing/Form # >> in the above-captioned action upon << opposing party>> to be served by << means of service>> at the addresses shown below on << date>>.

<<Recipient 1>>

<<street address>>

<city, state, zip>

<<Recipient 2>>

<<street address>>

<<city, state, zip>>

Via E-Mail:

<< Recipient’s e-mail address>>

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Name

Address

Bar #

Phone

E-mail

<<date>>

<<City>>, South Carolina