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*Official signed contract documents are on file with OMES Central Purchasing.*

**Contract title:** Online Legal Services

**Contract Number:** SW1046A - PS contract#0-6989

**Date of Contract issuance:** 05/17/2023

**Contract period:** 06/30/2023 through 06/29/2024

**Agreement period:** 06/30/2023 through 06/29/2028

**Type of contract:** Mandatory ☐ Non-Mandatory ☒

**OMES Central Purchasing contact:** Cini Zacharia, CPOII

**Title:** Contracting Officer II

**Phone:** (405) - 522 - 9078

**Email:** [Cini.zacharia@omes.ok.gov](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** WEST PUBLISHING CORPORATION d/b/a WEST, a Thomson-Reuters business.

**Supplier ID #** 0000019031

**Contract ID #:** 0-6989

**Supplier Point of Contact:** Emma Toomer

**Supplier address:** 610 Opperman Drive

**City:** Eagan **State:** MN **Zip code:** 55123

**Phone #:** 1 763-326-6497

**Email:** [emma.toomer@thomsonreuters.com](mailto:emma.toomer@thomsonreuters.com)

**Contract Overview:**

**This Statewide Contract resulted from the Solicitation #0900000514 for  
SW1046A-Online Legal Services.**

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**Authorized Users:** All state departments, boards, commissions, agencies, and i  
Addition to counties, school districts and municipalities which may avail thems  
contract.

**How to order:**

1. For product and pricing information review awarded contract documents  
"Attachment E Named Exhibit#17 Pricing".
  2. Request a quote from the supplier or any approved authorized dealer listed below. All  
SW1046A
  3. Generate a purchase order made payable to the desired supplier. You must reference 1  
SW1046A on your purchase order by attaching the PeopleSoft Contract.
  4. Email your purchase order to the designated supplier sales representative
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**Available Brands:**

**WEST PUBLISHING CORPORATION d/b/a WEST, a Thomson-Reuters business**

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**Available Products and Services:**

**Online Legal Services**

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**Authorized Dealer/Reseller(s):**

Supplier name: NA

Supplier ID #:

Contract ID #:

Supplier Point of Contact:

Supplier address:

City:

State:

Zip Code:

-

Phone #: 1 - - -

Email:

**Supplier name:**

**Supplier ID #:**

**Contract ID #:**

**Supplier Point of Contact:**

**Supplier address:**

**City:**

**State:**

**Zip Code:**

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**Phone #:** 1 - - -

**Email:**