IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

	WCC No	
	Petitioner	
	vs.	
	Respondent/Insurer.	
	AFFIDAVIT	
STATE OF)	
County of	: ss.)	
¶1 Iand say:	(NAME), being first duly sworn upon oath, dep	ose
¶2 I, (POSITION) of	(NAME), am the(NAME OF INSURER OR SELF-INSUR	RER).
¶3 In my capacity as	(POSITION) of	
(NAME OF INSURER OR SI set forth in this affidavit on be SELF-INSURER) and to bir SELF-INSURER) by these sta	ELF-INSURER), I am authorized to make the state half of (NAME OF INSURE atements.	ements ER OR ER OR
(NAME OF INSURER OR S	records, I swear under oath that	

		INSURER) has ne	=		INSURER ompensation		
		the state of Montar	na;				
		INSURER) does no			INSURER aims;	OR	SELF-
		INSURER) has no matter as set forth	claimants mee		INSURER ne Court's d		
		INSURER) was or forth in the amende	is in liquidation of	during	•		
of up may o the fo OF IN couns	to 90 days fro conduct discoveregoing state ISURER OR sel for Petition d on the sworr	I that the Montana Vom the date of filing very and investigation ment(s) made by mace by mace settles, the Court will nearly attements made be der penalty of perjury	this affidavit withing for the limited place on behalf ofAfter such 90 dated dismiss the insury me in this affidate.	n whice purpose ays, if urer/seavit.	ch counsel fo se of proving no objection elf-insurer fro	or Peting or dis or dis	tioner[s] sproving (NAME dged by
	DATED this	day of		_, 200	- ÷		
					(Name	;)	
					(Title)		
	Signed and	sworn to before me	this day of			, 20	0
			Notary Public for Residing at:				
	(SEAL)		My Commission	n Expi	res:		