IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

	Dale Reesor			
	Petitioner	FILED		
	vs.			
	Montana State Fund	DEC 1 5 2005		
	Respondent/Insurer.	OFFICE OF WORKER'S COMPENSATION JU HELENA, MONTANA		
STATE OF Kansas	AFFIDAVIT			
County of Leavenworth	- / : ss.			
¶1 Ardith G. Bequette				
¶2 Ardith G. Bequett (POSITION) of Armed Forces	Insurance(NAME OF INSURE	ER OR SELF-INSURER).		
「2 I, Ardith G. Bequett	Insurance(NAME OF INSURE E) orate Secretary(POSITION) LF-INSURER), I am authorize	of AFIE ed to make the statements		

\mathbf{x}	AFIE		OF INSI					
	INSURER) has no the state of Montai		ers' compe	nsation	insura	ance in		
		(NAME	OF INSI	JRER	OR	SELF-		
	INSURER) does not have any Montana claims;							
	A STATE OF		OF INSI					
	INSURER) has no matter as set forth		ting the Co	ourt's cr	iteria	in this		
	111111111111111111111111111111111111111		OF INSU					
	INSURER) was or forth in the amende				quest	ion set		
of up to 90 days from may conduct discouthe foregoing state OF INSURER OR counsel for Petition	d that the Montana Vom the date of filing to very and investigation ement(s) made by made by made [s], the Court will n statements made by the court will need to be seen to be	this affidavit withing the for the limited part of the limited part of the formula and the following the first of the firs	n which cou purpose of p ys, if no ob rer/self-insu	insel for proving o	Petition dispersion (oner[s] proving (NAME ged by		
¶6 I declare un	der penalty of perjury	y that the foregoin	g is correct					
DATED this	9th day of Dece	ember	. 200 ⁵ .					
		_ ardith	L Be	g utt (Name)	¥.			
		Corporat	e Secreta	ry (Title)				
Signed and	sworn to before me	this 9th day of	December		_, 200	5.		
EDITH Notary Public My Appt. Expires		E λ τ γ Notary Public fo		of Ka	nsas			
(0-1)		Residing at: 20	aston	Koons	as			
(SEAL)		My Commission	Expires:	3 NOVE	mbe	ह००६ र		

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