TheZenith®

FILED

JUN 1 4 2005

RE: Employee: Catherine Satterlee Employer:

Date of Injury:

OFFICE OF WORKER'S COMPENSATION JUDGE HELENA, MONTANA

Gei	ntle	me	en:

Gentle	emen:
The e	nclosed correspondence is being returned because:
	We are unable to locate a policy providing coverage for this injury. Please check your records and provide a current policy number.
	Correspondence is illegible, please provide another copy.
	A complete Doctor's First Report of Injury is needed to process a claim.
	The policy is expired or cancelled.
	There is no coverage for the Date of Injury shown.
	The correspondence was sent to us in error.
In ord	ler to identify a claim, please provide the information listed below:
	Full name of the employee along with any AKA's.
	Employee Social Security Number
	Employer's name (including DBA) or policy Number
	Date of Injury
	Claim #
Thanl	k you for your assistance. Please feel free to contact me with any questions.
	TH INSURANCE COMPANY
<yol< td=""><td>CMICN GUTICITCZ- UR NAME> ns Department</td></yol<>	CMICN GUTICITCZ- UR NAME> ns Department
DIRE	CT LINE: <your number="" phone=""></your>

FAX: (818) 713-8296

· SEND Brek

Miscellaneous Mail Information REQUEST FORM

FROM Workers Comp, Montano	DATE
CLAIM #	POLICY #
Insured Name and Loc	DBA
SS#	
Application of Adjudication received in office_	
DATE information was requested from Applic	ant ATT
Misc 40444 6530	1800 332 4102 (state find)
X/M for Theresa	
5/31/05 - Mrie from N.C. M. John Imply on fill. EA's Name smill is M. Cruy	motoria culled. They don't have
EA's Name smill is M. Cysey	DATE
Date completed	
(NOTE: This request must be handled with in 4 otherwise; this request will be returned to the relation from Applicant's Attorneys will nee	questor and cause unnecessary delay.
05/2005	
	Kimberly Bates

MAY 2 4 2005