## IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300



## **CASSANDRA SCHMILL**

DEC 2 1 2005

**Petitioner** 

OFFICE OF WORKER'S COMPENSATION JUDGE HELENA, MONTANA

VS.

## LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

## **MONTANA STATE FUND**

Intervenor.

entitled action for any or all of the following reasons (check any or all that apply):

ALLIDAVII
STATE OF GEOLGIA )
County of FOLSYTH )
11 I MARIE RAIT (NAME), being first duly sworn upon oath, depose and say:
12 1, MARLE TIMPE (NAME), am the CHAMS EXAMINE (POSITION) of ATLANTO THEM ATO (NAME OF INSURER OR SELF-INSURER).
In my capacity as it-insurable to the insurable insurabl
14 After a review of our records, I swear under oath that ATLANTA THE CHATIONAL (NAME OF INSURER OR SELF-INSURER) should be dismissed from the above- SASURANCE

			_ (NAME	OF	INSURER	OR	SELF-
	the state of	has never w Montana;	vritten worke	ers' co	ompensatior	n insur	ance in
			(NAME	OF	INSURER	OR	SELF-
	INSURER) does not have any Montana claims;  ATLANTA INTERNATIONAL INSURANCE CO.  (NAME OF INSURER OR SELF-						
Z.	ATLXNTA	INTERNA	NAME	OF	INSURFR	OR	SELF-
<del>,</del>	INSUKER)	has no clair et forth in the	mants mee	ting th	ne Court's	criteria	in this
			(NAME	OF	INSURER	OR	SELF-
		was or is in I amended sur				n ques	tion set
	ement(s) mad R SELF-INSUI ounsel, the Co	de by me on RER). After ourt will disminade by me f perjury that	behalf of M such 90 da iss the insu in this affida the foregoin	ys, if rer/se evit.	no objection If-insurer from	is loc	(NAME Iged by
			EXAMI DE	CAM	(Name	\	Y L
			,	0	(Mairie	HIS	
		·	EXAMINE	30	(T'41 )		
					(Title)		
Signed and	sworn to befo	ore me this /	5 day of	Dec	iember	, 20	0 <u>5</u> .
COMMUNIC	LLIANIN	Note	Public for	Ea	mond		
O.P.	NA STATE OF THE PARTY OF THE PA		ding at:	the S	state of		
(SEAL)	IId W		Commission	Expire	es:	AWIRE EX	
Affidavit Page 1841	NO N				Notary Public My Commiss	, Gwinne len Expir	tt Ceasty, Geor