IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

CASSANDRA SCHMILL

FILED

Petitioner

JAN 1 3 2006

vs.

OFFICE OF
LIBERTY NORTHWEST INSURANCE CORPORATION JUDGE
HELENA, MONTANA

Respondent/Insurer

MONTANA STATE FUND

Intervenor.

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STATE OF Montana)
:
County of Yellowstone)

I David E. Bauer, being first duly sworn upon oath, depose and say:

I, David E. Bauer, am the Claim Attorney of State Farm Fire & Casualty Company.

In my capacity as Claim Attorney of State Farm Fire & Casualty Company, I am authorized to make the statements set forth in this affidavit on behalf of State Farm Fire & Casualty Company, State Farm General Insurance Company and State Farm Mutual Automobile Insurance Company and to bind State Farm Fire & Casualty Company, State Farm General Insurance Company and State Farm Mutual Automobile Insurance Company by these statements.

After a review of our records, I swear under oath that State Farm Fire & Casualty Company, State Farm General Insurance Company and State Farm Mutual Automobile Insurance Company should be dismissed from the above-entitled action for the following reason:

State Farm Fire & Casualty Company, State Farm General Insurance Company and State Farm Mutual Automobile Insurance Company have no claimants meeting the Court's criteria in this matter as set forth in the summons.

I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which Petitioner's counsel may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of State Farm Fire & Casualty Company, State Farm General Insurance Company and State Farm Mutual Automobile Insurance Company. After such 90 days, if no objection is lodged by the Petitioner's counsel, the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.

I declare under penalty of perjury that the foregoing is correct.

DATED this // day of Jaman, 200 6

(Name)

(LAIM ATTORNEY

(Title)

Signed and sworn to before me this // day of January, 200 6.

(Name)

(Name)

(Title)

Notary Public for the State of Montary

Residing at: Alling

My Commission Expires: 10-7-2008

CERTIFICATE OF SERVICE

by U.S. Mail, first class postage prepaid, upon the following interested party:

THIS IS TO CERTIFY that a true and correct copy of the foregoing was served,

Ms. Laurie Wallace Bothe & Lauridsen, P.C. P.O. Box 2020 Columbia Falls, MT 59912

DATED: /-1/-06

DAVID E. BAUER, Claim Attorney State Farm Fire & Casualty Company P.O. Box 80610

Billings, MT 59102