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FILED

MAY 24 2012

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2000 - 0222

**ROBERT FLYNN and CARL MILLER,
Individually and on Behalf of Others Similarly Situated,**

Petitioners

vs.

MONTANA STATE FUND,

Respondent/Insurer,

and

LIBERTY NORTHWEST INSURANCE CORPORATION,

Intervenor.

AFFIDAVIT

STATE OF Pennsylvania)

; ss.

County of Allegheny)

I, Cyndi J. Greco (NAME), being first duly sworn upon oath, depose
and say:

I, Cyndi J. Greco (NAME), am the Manager, Workers'
Compensation (POSITION) for PPG Industries, Inc. (NAME OF SELF-INSURER).

DOCKET ITEM NO. 673

In my capacity as Manager, Workers' Compensation for PPG Industries, Inc., I am authorized to make the statements set forth in this affidavit on behalf of PPG Industries, Inc.

After a review of our records, I swear under oath that PPG Industries, Inc. should be dismissed from the above-entitled action for the following reason:

PPG Industries, Inc. has 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 counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of PPG Industries, Inc. After such 90 days, if no objection is lodged by counsel for Petitioner[s], 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.

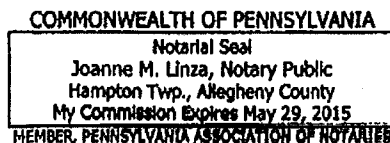
DATED this 23rd day of May, 2012.

Cynthia Greco
(Name)

Mgr., Workers Compensation
(Title)

State of Pennsylvania
County of Allegheny : ss.

On this 23 day of May, 2012, before me, a Notary Public, personally appeared Joanne M. Long, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged to me that (s)he executed the same.



Notary Public for the State of _____
Printed Name: _____
Residing in: _____
My commission expires: _____ 20____