

- Lyndon (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
- _____ (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- _____ (NAME OF INSURER OR SELF-INSURER) has no claimants meeting the Court's criteria in this matter as set forth in the summons;
- _____ (NAME OF INSURER OR SELF-INSURER) was or is in liquidation during the period in question set forth in the amended summons served upon me.

¶5 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 Lyndon (NAME OF INSURER OR SELF-INSURER). 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.

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

DATED this 7th day of December, 2005.

[Signature]

 (Name)
Asst VP / Safety Bond Mgr

 (Title)

Signed and sworn to before me this 7th day of December, 2005.

MARGARET E. LOCOCO
 Notary Public - Notary Seal
 STATE OF MISSOURI
 St. Charles County
 Commission #05672961
 My Commission Expires: 2-27-09

Margaret E. Lococo
 Notary Public for the State of Missouri
 Residing at: St. Charles County
 My Commission Expires: 2-27-09