

Thomas A. Marra
 MARRA, SEXE EVENSON & BELL, P.C.
 2 Railroad Square, Suite C
 P. O. Box 1525
 Great Falls, Montana 59403-1525
 Telephone: (406) 268-1000
 Facsimile: (406) 761-2610
 Direct e-mail: tmarra@marralawfirm.com

FILED

NOV 14 2008

OFFICE OF
 WORKERS' COMPENSATION JUDGE
 HELENA, MONTANA

(Attorneys for Respondents/Insurers Travelers Casualty & Surety Co.; Travelers Indemnity Co.; Travelers Indemnity Company of America; and Travelers Indemnity Company of Connecticut)

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

ALEXIS RAUSCH, et al.,)	
)	
Petitioners,)	WCC No. 9907-8274R1
)	
vs.)	
)	
MONTANA STATE FUND,)	
)	
Respondent/Insurer,)	
)	
and)	
)	
THE TRAVELERS COMPANIES,)	
)	
Respondents/Insurers.)	

**AFFIDAVIT OF COUNSEL RE: CONFIRMATION OF NOTICE TO CLAIMANTS
 AND STATUS OF ANY OBJECTIONS**

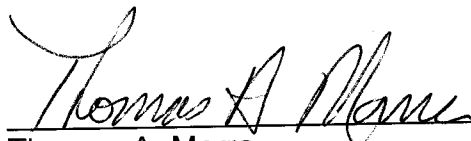
STATE OF MONTANA)
 : ss.
 County of CASCADE)

1. Affiant, Thomas A. Marra, duly deposes and says:

2. That affiant is an attorney of record in the above captioned matter.
3. Affiant is an attorney licensed to practice law in the State of Montana.
4. Affiant, pursuant to the parties', "*Settlement Stipulation Re: Common Fund Attorneys' Fees Withheld by the Travelers Companies*", hereby presents this Affidavit pursuant to ¶3 of said *Stipulation*.
5. That affiant sent notice to the affected claimants, Lawrence Dormady and Oscar Dominguez, by certified mail on October 21, 2008. (See attached exhibits 1, 2, respectively).
6. Three weeks have passed since the notification to the affected claimants was sent by certified mail, returned receipt requested, and there have been no objections presented to affiant.

Further, affiant sayeth not.


DATED this 13th day of November, 2008.



 Thomas A. Marra
 (Attorneys for Respondent/Insurers The
 Travelers Companies and Casualty Ins. Co.)



Signed and sworn to before me this 13th day of November, 2008.

 Sara R. Seve

 Notary Public for the State of Montana
 Residing at Great Falls
 My Commission Expires: 9/12/2011

(SEAL)

CERTIFICATE OF MAILING

I, the undersigned, do hereby certify that a copy of the within and foregoing AFFIDAVIT OF COUNSEL RE: CONFIRMATION OF NOTICE TO CLAIMANTS AND STATUS OF ANY OBJECTIONS was mailed on the 13th day of November, 2008, at Great Falls, Montana, and directed to the following:

Monte D. Beck, Esq.
Beck & Amsden, PLLC
1946 Stadium Drive, Suite 1
Bozeman, MT 59715
(Attorneys for Petitioner Fish)

Stephen D. Roberts, Esq.
1700 W. Koch, Suite 5
Bozeman, MT 59715
(Attorney for Petitioner Frost)

Lon J. Dale, Esq.
Milodragovich, Dale Steinbrenner &
Binney, P.C.
P.O. Box 4947
Missoula, MT 59805-4947
(Attorneys for Petitioner Rausch)



Diane R. Dahlman

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EVENSON & BELL**

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ATTORNEYS AT LAW

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Sara R. Sexe

*Also Admitted in Colorado

Paralegal:

Donna M. Osterman
Legal Assistants:
Diane R. Dahlman
Linda M. Decker
Stanlee A. Dull
Carey A. Richardson
Accounts:
Joanne Berczyk

October 21, 2008

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

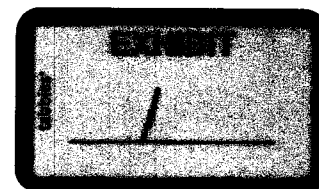
Lawrence Dormady
327 Tenth Avenue S.W.
Great Falls, MT 59404

RE: Notification of attorneys fees claimed.

Dear Mr. Dormady:

Please be advised that we represent The Travelers Companies with regard to the workers' compensation issues from the case of *Rausch v. Montana State Fund*. As a result of the *Rausch* decision by the Montana Supreme Court you became entitled to additional permanent partial disability benefits. Seventy five percent of those benefits were previously paid to you and 25% were withheld, as the attorneys, that were involved in the "common fund" case on behalf of all similarly situated claimants, were found to have an entitlement to the fees for the services that they have provided.

While 25% of the benefits were originally withheld, the common fund attorneys have since determined that they will only retain 10% rather than the full 25%, which results in a common fund attorney fee of \$1,662.50. The remaining balance, of \$2,493.75 will be paid directly by The Travelers Companies to you.



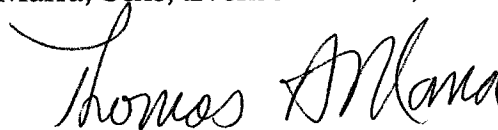
Lawrence Dormady
October 21, 2008
Page 2

As a result of this notice, you have three weeks from the date stated on this notice to file a written objection with the Workers' Compensation Court and our offices, regarding the benefits that will be paid to you and the fees that will be paid to the common fund attorneys. The Workers' Compensation Court's mailing address is P.O. Box 537, Helena, MT 59624-0537. The Court's telephone number is (406)444-7794. Our office address is 2 Railroad Square, Suite C. Our telephone number is (406) 268-1000.

If, you have no objection, then, after the three weeks have passed for the written objection to be provided to the Workers' Compensation Court and our offices, we will confirm with the Court that there has been no objection and, upon an order from the Workers' Compensation Court, the fees, noted above, shall be paid to the common fund attorneys. You will also receive the balance, as noted above, for the remaining permanent partial disability benefits.

Sincerely yours,

Marra, Sexe, Evenson & Bell, P.C.



Thomas A. Marra

E-mail: tmarra@marralawfirm.com

TAM/drd

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

For delivery information visit our website at www.usps.com

7004 0750 0000 5509 4200

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.32

Postmark Here

Sent to
 Lawrence Dormady
 Street, Apt. No. 327 10TH AVE SW
 or PO Box No.
 City, State, ZIP+4 Great Falls, MT 59404
 PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Lawrence Dormady
 327 Tenth Ave S.W.
 Great Falls, MT 59404

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
Lawrence Dormady Addressee
- B. Received by (Printed Name) Agent
 LAW DORMADY Addressee
- C. Date of Delivery
 10-22-08
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type Express Mail
 Certified Mail Return Receipt for Merchandise
 Registered C.O.D.
 Insured Mail
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 0750 0000 5509 4200

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

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Accounts:

Joanne Berczyk

October 21, 2008

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RETURN RECEIPT REQUESTED**

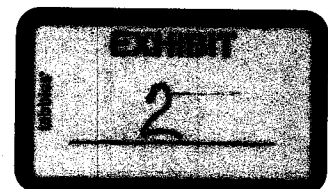
Oscar Dominguez
1403 Avenue C.
Billings, MT 59102

RE: Notification of attorneys fees claimed.

Dear Mr. Dominguez:

Please be advised that we represent The Travelers Companies with regard to the workers' compensation issues from the case of *Rausch v. Montana State Fund*. As a result of the *Rausch* decision by the Montana Supreme Court you became entitled to additional permanent partial disability benefits. Seventy five percent of those benefits were previously paid to you and 25% were withheld, as the attorneys, that were involved in the "common fund" case on behalf of all similarly situated claimants, were found to have an entitlement to the fees for the services that they have provided.

While 25% of the benefits were originally withheld, the common fund attorneys have since determined that they will only retain 15% rather than the full 25%, which results in a common fund attorney fee of \$1,267.61. The remaining balance, of \$845.08 will be paid directly by The Travelers Companies to you.



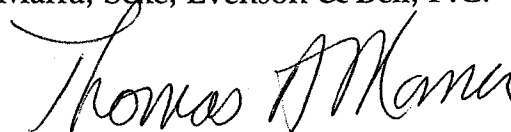
Oscar Dominguez
October 21, 2008
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If, you have no objection, then, after the three weeks have passed for the written objection to be provided to the Workers' Compensation Court and our offices, we will confirm with the Court that there has been no objection and, upon an order from the Workers' Compensation Court, the fees, noted above, shall be paid to the common fund attorneys. You will also receive the balance, as noted above, for the remaining permanent partial disability benefits.

Sincerely yours,

Marra, Sexe, Evenson & Bell, P.C.



Thomas A. Marra

E-mail: tmarra@marralawfirm.com

TAM/drd

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 532

Postmark Here

Sent To Oscar Dominguez
 Street, Apt. No., or PO Box No. 1403 Ave C
 City, State, ZIP+4 Billings, MT 59102

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Oscar Dominguez
 1403 Avenue C
 Billings, MT 59102

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Oscar Dominguez
- B. Received by (Printed Name) OCG C. Date of Delivery 1/18/04
 Addressee
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label)

7004 0750 0000 5509 4217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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Carey A. Richardson
Accounts:
Joanne Berczyk

TRANSMITTAL LETTER

November 13, 2008

Clara Wilson
Clerk of Court
Workers' Compensation Court
P.O. Box 537
Helena, MT 59624-0537

Re: *Travelers Common Fund*
WCC No. 9907-827-4R1

PLEASE:

<input checked="" type="checkbox"/>	File or record	<input type="checkbox"/>	Per your request
<input type="checkbox"/>	Present to the Judge	<input type="checkbox"/>	For your information
<input checked="" type="checkbox"/>	Return a conformed copy	<input type="checkbox"/>	For your file
<input type="checkbox"/>	Call for an appointment	<input type="checkbox"/>	Payment enclosed
<input type="checkbox"/>	Review, sign and return	<input type="checkbox"/>	Review and call
<input type="checkbox"/>	Other: _____		

Message: Enclosed please find an original and copy of *Affidavit of Counsel RE: Confirmation of Notice to Claimants and Status of any Objections and Settlement Stipulation RE: Common Fund Attorneys' Fees withheld by the Travelers Companies*. Please have the Judge sign the *Settlement Stipulation*. Please file and return a copy to our office in the enclosed self addressed stamped envelope. Please contact our office should you have any questions. Thank you.

Very truly yours,

Marra, Sexe, Evenson & Bell, P.C.

Diane R. Dahlman

Diane R. Dahlman
Legal Assistant to Thomas A. Marra