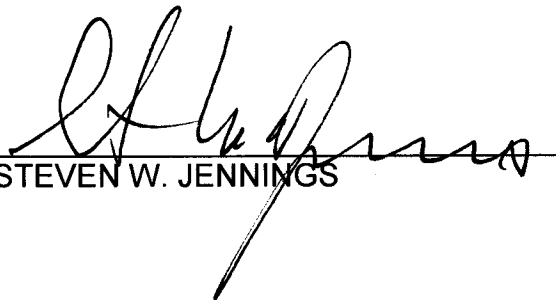


CERTIFICATE OF SERVICE

I, STEVEN W. JENNINGS, one of the attorneys for the law firm of Crowley, Haughey, Hanson, Toole & Dietrich P.L.L.P., hereby certify that on the 6th day of February, 2006, I mailed a true and correct copy of the foregoing document, postage prepaid, to the following:

Mr. James G. Hunt
Hunt & Molloy Law Firm
310 Broadway
Helena, MT 59601

Mr. Thomas J. Murphy
Murphy Law Firm
PO Box 3226
Great Falls, MT 59403-3226


STEVEN W. JENNINGS

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2003-0840

CATHERINE E. SATTERLEE, et al.,

Petitioners,

vs.

LUMBERMAN'S MUTUAL CASUALTY COMPANY, et al.

Respondent/Insurer.

AFFIDAVIT

STATE OF INDIANA)
 : ss.
County of Marion)

¶1 I, David G. Snuffer, being first duly sworn upon oath, depose and say:

¶2 I, David G. Snuffer, am the Secretary
for Grain Dealers Mutual Insurance Company.

¶3 In my capacity as Secretary of Grain Dealers Mutual Insurance Company, I am authorized to make the statements set forth in this affidavit on behalf of Grain Dealers Mutual Insurance Company and to bind Grain Dealers Mutual Insurance Company by these statements.

¶4 After a review of our records, I swear under oath that Grain Dealers Mutual Insurance Company should be dismissed from the above-entitled action for any or all of the following reasons (check any or all that apply):

- _____ (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;
Grain Dealers Mutual Insurance Company
- _____ (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- Grain Dealers Mutual Insurance Company 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 Grain Dealers Mutual Insurance
 Company. 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 27th day of January, 2006.

[Handwritten Signature]
 (Name)

Secretary
 (Title)

Signed and sworn to before me this 27th day of January, 2006.

Joyce Ann Larmer
 [Signature of Notary]

[Typed, stamped, or printed Name of Notary]
 Notary Public for the State of Indiana,
 Residing at North Salem
 [City of Residence]

(NOTARIAL SEAL)

My commission expires: 200
 [Month Day Year]

JOYCE ANN LARMER
 My Commission Expires: 5-22-08
 County of Residence: ~~Hendricks~~