

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001-0300

CASSANDRA SCHMILL

Petitioner

vs.

LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer

MONTANA STATE FUND

Intervenor.

FILED

JAN 23 2006

OFFICE OF
WORKERS' COMPENSATION JUDGE
HELENA, MONTANA

AFFIDAVIT

STATE OF Texas)
County of Harris) : ss.

¶1 I Jeffrey E. Bullen (NAME), being first duly sworn upon oath, depose and say:

¶2 I, Jeffrey E. Bullen (NAME), am the Workers' Compensation Admin. (POSITION) of Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER).

¶3 In my capacity as Workers Comp. Admin. (POSITION) of Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER) and to bind Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER) by these statements.

¶4 After a review of our records, I swear under oath that Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER) 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;
- _____ (NAME OF INSURER OR SELF-INSURER) does not have any Montana claims;
- Shell Pipeline Co. LP (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.

¶15 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 Shell Pipeline Co. LP (NAME OF INSURER OR SELF-INSURER). 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.

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

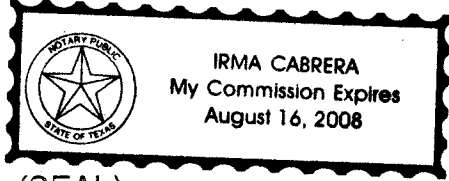
DATED this 19th day of January, 2006.

John E. Burke

 (Name)
Workers Compensation Administrator

 (Title)

Signed and sworn to before me this 19th day of January, 2006.



Irma Cabrera

 Notary Public for the State of Texas
 Residing at: Harris County
 My Commission Expires: 08/16/08