

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. 2001 - 0300

**FILED**

CASSANDRA SCHMILL

MAY 24 2012

Petitioner

OFFICE OF  
WORKERS' COMPENSATION JUDGE  
HELENA, MONTANA

vs.

LIBERTY NORTHWEST INSURANCE CORPORATION

Respondent/Insurer,

MONTANA STATE FUND

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) of PPG Industries, Inc. (NAME OF INSURER OR SELF-INSURER).

In my capacity as Manager, Workers' Compensation (POSITION) of PPG Industries, Inc. (NAME OF INSURER OR SELF-INSURER), I am authorized to make the statements set forth in this affidavit on behalf of PPG Industries, Inc. (NAME OF INSURER OR SELF-INSURER) and to bind PPG Industries, Inc. (NAME OF INSURER OR SELF-INSURER) by these statements.

After a review of our records, I swear under oath that PPG Industries, Inc. (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):

PPG Industries, Inc. (NAME OF INSURER OR SELF-INSURER) has never written workers' compensation insurance in the state of Montana;

DOCKET ITEM NO. 534

\_\_\_\_\_ (NAME OF INSURER OR SELF-INSURER)  
does not have any Montana claims;

PPG Industries, Inc. (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.

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.  
(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.

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

DATED this 23rd day of May, 2012.

Cyndie Grace  
(Name)

Mgr., Workers Compensation  
(Title)

Signed and sworn to before me this 23 day of May,  
2012.

Joanne M. Linza  
[Signature of Notary]

[Typed, stamped, or printed Name of Notary]

Notary Public for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My commission expires: \_\_\_\_\_

(NOTARIAL SEAL)

COMMONWEALTH OF PENNSYLVANIA  
Notarial Seal  
Joanne M. Linza, Notary Public  
Hampton Twp., Allegheny County  
My Commission Expires May 29, 2015  
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES