

2. Whether Claimant is entitled to permanent partial impairment (PPI), and the extent thereof;
3. Whether Claimant is entitled to permanent partial disability (PPD) in excess of his PPI, and the extent thereof; and, if so;
4. Whether apportionment pursuant to Idaho Code § 72-406 is appropriate;
5. Whether Claimant is totally and permanently disabled pursuant to the odd-lot doctrine, and, if so;
6. Whether apportionment under the *Carey* formula is appropriate.

CONTENTIONS OF THE PARTIES

Claimant contends that as the result of an accidental inhalation/aspiration of liquid ammonia, he is totally and permanently disabled primarily due to shortness of breath on exertion.

Defendants contend that Claimant returned to his time of injury job for over a year before he was “retired” for not being able to perform the work. Claimant has a myriad of pre-existing medical conditions that have combined to cause his current medical difficulties, not his exposure to liquid ammonia as opined by their expert independent examiner. Further, if Claimant is totally and permanently disabled, the far greater share of that disability should be attributed to his many non-industrial medical problems such as rheumatoid arthritis, obesity, deconditioning, and cardiac deficiencies.

Claimant counters that while he has some fairly significant pre-existing conditions, nonetheless he was able to perform his heavy farm laborer position without difficulty until his toxic exposure. Further, his treating pulmonologist and his family physician have attributed all of his current debilitating conditions solely to the lung disease caused by his exposure. Finally,

Claimant's vocational expert has testified Claimant is totally and permanently disabled when considering his breathing/endurance problems alone.

EVIDENCE CONSIDERED

The record in this matter consists of the following:

1. The testimony of Claimant, Claimant's niece Michelle Lynn Sonder, and vocational consultant Tom L. Moreland taken at the hearing;
2. Claimant's Exhibits 1-10 admitted at the hearing;
3. Defendants' Exhibits A-K admitted at the hearing; and,
4. The post-hearing deposition of Emil J. Bardana, M.D., taken by Defendants on February 27, 2006.

After having considered all the above evidence and the briefs of the parties, the Referee submits the following findings of fact and conclusions of law for review by the Commission.

FINDINGS OF FACT

1. Claimant was 64 years of age at the time of the hearing and resided in Worley, Idaho, where he has lived most of his life.
2. Claimant worked on Employer's tribal farm for 34 years. His basic duties consisted of tractor driving, fertilizer spreading and other spraying, maintaining and repairing equipment, operating equipment such as trucks, dozers, backhoes, and earth movers, running the grain elevators, and ". . . just laborer. I did everything." Hearing Transcript, p. 104.
3. While hooking up a hose for the application of aqua ammonia on May 10, 2000, Claimant had the hoses hooked up incorrectly and the hoses came apart under pressure causing liquid ammonia to spray into his face, mouth, nose and neck areas. Claimant felt immediate burning pain in his nose, throat, lungs, and eyes, but was able to get to his truck to obtain some

water to flush his mouth out. He then contacted his supervisor and informed him of his accident. Claimant was eventually life-flighted to Sacred Heart Medical Center (SHMC) in Spokane, Washington, where he was intubated without mechanical ventilation and admitted to their intensive care unit. He was extubated after three days and discharged in five. His discharge diagnosis was toxic inhalation exposure with associated: a) upper airway mucosal burn, b) bilateral pneumonitis, c) conjunctival irritation, and d) respiratory failure secondary to the pulmonary involvement requiring intubation. Claimant's Exhibit 1, p. 67. He was discharged on May 15 "Now doing well on steroids and antibiotic therapy." *Id.*

4. Claimant came under the care of Jeffery Elmer, M.D., a pulmonologist. An office note dated June 7, 2000, revealed, *inter alia*, the following: "Patient with significant anhydrous ammonia exposure with dyspnea on exertion. . . . I have cautioned him about the fact it is very possible he could have some long-term sequelae from this exposure. It was a very severe exposure. I am surprised his diffusion capacity is not more significantly affected. Nevertheless, I think he had a significant lung injury and we will just have to f/up and see how that plays out." Defendants' Exhibit F, p. 114.

5. Claimant had been treating with the Benewah Medical Center for various ailments prior to his toxic exposure and continued to treat with them after; primarily with Alyson Roby, M.D., and after she resigned, Mary Barinaga, M.D. His first visit to the clinic post-exposure was on May 18, 2000, in follow-up from his release from SHMC. An office note of that date revealed, among other things, how Claimant viewed his accident: "He is currently on antibiotics, prednisone, a couple of inhalers and doing pretty well. Mostly he notes that emotionally he is very upset. Not exactly having flashbacks, did not have any true near-death experiences but is

well aware that he could have died and nearly died and finds himself breaking into tears easily. Very regretful that he made a mistake that caused this inhalation.” Defendants’ Exhibit C, p. 40.

6. Claimant again saw Dr. Elmer on July 18, 2000. At that time, Dr. Elmer noted: “. . . I am sure this patient does have lung impairment as a result of his anhydrous ammonia exposure. It is still a little bit difficult to sort out exactly what the physiology of his impairment is. I think anhydrous ammonia has clearly induced it but I am not sure if what we are dealing with is a bronchiolitis obliterans, a reactive airways phenomenon or even some lung scarring with fibrosis. I hear lung crackles on exam but diffusion is normal.” Defendants’ Exhibit F, p. 116.

7. In an October 6, 2000, letter to Surety, Dr. Elmer indicated he was leaning toward a cardiac cause for Claimant’s shortness of breath upon exertion. A subsequent echogram of Claimant’s heart was normal and Dr. Elmer recommended cardiac conditioning.

8. By January 12, 2001, Dr. Elmer was still having difficulty pinpointing the exact cause of Claimant’s breathing problems: “. . . I am convinced he has had a significant injury from the anhydrous ammonia. It has been difficult, however, to exactly define what it has done. I think it has clearly caused a reactive airways disease and I think it has probably caused some interstitial lung disease as well but I am having a hard time proving that.” Claimant’s Exhibit 1, p. 22.

9. On January 31, 2001, Claimant was examined at Surety’s request by Richard J. Lambert, M.D., an internist, of O*N*E Plus in Spokane. Interestingly, Dr. Lambert also practices in the same clinic with Dr. Elmer. In any event, Dr. Lambert examined Claimant and reviewed pertinent medical records, laboratory data, and a January 18, 2001, CT scan. He found no evidence of any pre-existing pulmonary disease or symptomatology. Dr. Lambert lists

degenerative joint disease, multiple surgeries, chronic neck and back pain, gastroesophageal reflux disease, possible stroke and prior arrhythmia, and diverticulosis with colectomy for diverticular bleeding to be pre-existing conditions.

Dr. Lambert's findings are, in pertinent part, as follows:

“He also appears to have exertional intolerance with a reduced V. O₂, but near normal pulmonary functions, and absence of pulmonary limits to exercise. Deconditioning is suggested since his cardiac echocardiogram has been normal.

The patient clearly suffered some sort of significant respiratory insult with his inhalation injury on May 10, 2000. There was no preexisting history of respiratory symptomatology and the new onset of respiratory symptoms including cough, exertional dyspnea, and presence of abnormalities on initial and subsequent chest x-rays, as well as a CT scan all point to a significant airway inhalation injury with some features of large airway dysfunction; i.e., bronchiectasis, small airway dysfunction: i.e., possible bleb, a small component of interstitial fibrosis, evaluated by rales and interstitial infiltrates on CT scanning and mild chest restriction on pulmonary function tests. This patient has more significant exertional intolerance than one would expect by the presence of the findings noted on physical examination, chest CT scanning, and pulmonary function testing. This exertional dyspnea, at least by cardiopulmonary exercise test, appears to be attributable to an element of cardiac deconditioning. This component of his complaint is probably not related to the respiratory injury and should be treatable with a cardiac rehabilitation program. The patient should remain on inhaled corticosteroids and bronchodilators for his bronchitis symptoms and I would attribute his cough directly to his May 10, 2000, respiratory injury.” Defendants' Exhibit H, pp. 211-212.

10. Dr. Lambert found Claimant to be “fairly stable” and “probably” at maximum medical improvement and assigned Claimant a 10% whole person PPI rating, “. . . even though most of his exertional dyspnea probably relates more to cardiac deconditioning.” *Id.* Surety accepted and paid the PPI rating.

11. Claimant continued to treat with Dr. Elmer for his pulmonary problems and Dr. Barinaga for his Type II diabetes, cough, and other problems. On February 12, 2002, Dr. Barinaga suspected Claimant had rheumatoid arthritis, a diagnosis later confirmed by Gary L. Craig, M.D., a rheumatologist. Since his initial injury, he was admitted three times to SHMC with flu/pneumonia symptoms.

12. On March 25, 2002, Dr. Elmer responded to a letter from Claimant's attorney dated March 8, 2002, and indicated that Claimant's lung function would continue to deteriorate. He diagnosed Claimant with two problems. One is reactive airways syndrome (asthma) related to irritation from the anhydrous ammonia, a condition that will wax and wane but will last for the remainder of Claimant's life. The second is interstitial lung disease or interstitial fibrosis, again related to his toxic exposure. This condition has caused a reduction in diffusion capacity and in lung volumes. Dr. Elmer opined that such reduction would continue, even with treatment. While Claimant was back to work, Dr. Elmer believes such is due to a sympathetic employer and restricted Claimant to sedentary work in a clean environment. Dr. Elmer anticipates that Claimant will require consistent follow-up and testing of his lungs and therapy that will require hospitalizations from time to time.

13. On July 24, 2002, Dr. Barinaga authored a letter to Claimant's attorney indicating that Claimant's lung disease and abnormal pulmonary function tests render him incapable of working, even on a light duty basis.

14. On August 7, 2002, Emil J. Bardana, Jr., M.D., performed an independent medical evaluation of Claimant at Surety's request resulting in a 50-page report, not including attachments, dated August 21, 2002. Dr. Bardana is a professor at the Oregon Health and Science University in Portland and is board certified in internal medicine and allergy and immunology with a special interest in environmental and occupational allergies. Dr. Bardana examined Claimant, performed pulmonary function testing, and reviewed various medical records as well as selected prior pulmonary function studies performed by Dr. Elmer. Dr. Bardana's summary of the medical records he reviewed up through June 2002 consumes 28 pages of his report.

15. Dr. Bardana describes Claimant's case as "very complicated" in that he outlined ". . . no less than 32 diagnoses, or findings." Dr. Bardana Deposition, p. 9. He makes a distinction between gaseous and liquid exposure; gas or vapors get deeper into the lungs than liquid. Dr. Bardana was impressed that Claimant's vocal cords were visualized by bronchoscope when he was intubated and appeared normal. Dr. Bardana does not believe Claimant has asthma. He, by high resolution CT scan of Claimant's chest, determined that Claimant exhibited bronchiectasis (a disease of the airways) but opined that the cause thereof was not his toxic exposure but was his probably due to his rheumatoid arthritis (RA), gastroesophageal reflux disease, or his past alcohol abuse that may have resulted in his passing out and aspirating (apparently) some vomit or other fluid. Regarding Claimant's shortness of breath on exertion complaints, Dr. Bardana testified that the cause or causes thereof are more likely due to his obesity, deconditioning, anemia, and RA. While Dr. Bardana does not believe the liquid ammonia had any impact on his lungs, he nonetheless agrees with Dr. Lambert's 10% whole person PPI rating, but for different reasons.

DISCUSSION AND FURTHER FINDINGS

Odd-lot:

The crux of this case is whether Claimant has any disability above his impairment and, if so, whether that disability exists due to Claimant's exposure to aqua ammonia or other causes. Therefore, it is necessary to initially examine whether Claimant has suffered a disability including whether he is an odd-lot worker as he contends.

There are two methods by which a claimant can demonstrate that he or she is totally and permanently disabled. The first method is by proving that his or her medical impairment, together with the relevant nonmedical factors, totals 100%. If a claimant has met this burden,

then total and permanent disability has been established. The second method is by proving that, in the event he or she is something less than 100% disabled, he or she fits within the definition of an odd-lot worker. *Boley v. State Industrial Special Indemnity Fund*, 130 Idaho 278, 281, 939P.2d 854, 857 (1997). An odd-lot worker is one “so injured that he can perform no services other than those which are so limited in quality, dependability or quantity that a reasonably stable market for them does not exist.” *Bybee v. State of Idaho, Industrial Special Indemnity Fund*, 129 Idaho 76, 81, 921 P.2d 1200, 1205 (1996), *citing Arnold v. Splendid Bakery*, 88 Idaho 455, 463, 401 P.2d 271, 276 (1965). Such workers are not regularly employable “in any well-known branch of the labor market – absent a business boom, the sympathy of a particular employer or friends, temporary good luck, or a super human effort on their part.” *Carey v. Clearwater County Road Department*, 107 Idaho 109, 112, 686 P.2d 54, 57 (1984), *citing Lyons v. Industrial Special Indemnity Fund*, 98 Idaho 403, 406, 565 P.2d 1360, 1363 (1963).

16. The only vocational expert to give an opinion regarding Claimant’s employability is Tom L. Moreland, who has been a vocational counselor in northern Idaho and eastern Washington since 1967. Mr. Moreland testified at hearing that Claimant had worked for 34 years as a farm worker in diversified crops, primarily operating farm equipment. Claimant completed the ninth grade of formal education then attended a six-week welding program in California in 1967. He worked four months as a welder before returning to Idaho; he has not since pursued welding as an occupation. In his observations of Claimant, Mr. Moreland testified that he was slow in answering questions, exhibited memory problems, was wheezing and coughing, and had difficulty moving around. He testified as follows regarding his understanding of Claimant’s subjective limitations:

Q. (By Mr. Combo): What were the concerns that Francis had discussed with you?

A. That he experiences severe shortness of breath, coughing, fatigue. At unpredictable times daily, he must lie down and rest. These symptoms can be brought on by even minimal exertion, also exposure to nearly all atmospheric conditions and environmental conditions, such as smoke, perfumes, cleaning chemicals, fumes, noxious odors, dusts, gases, poor ventilation, and in some cases, concentrated extreme weather conditions.

And as I indicated, even minimal exertion can cause a condition to flare up, and therefore have shortness of breath.

He did not believe he could perform substantial gainful employment on a reasonably sustained basis, and he must rest for four to five times a days [*sic*] at unpredictable times. He could not perform any perform [*sic*] prolonged standing or walking. And Dr. Elmer concurred with those.

Hearing Transcript, pp. 59-60.

17. Mr. Moreland understands Drs. Bardana and Elmer's restrictions to be less than sedentary.

18. Mr. Moreland contacted a human resource representative of the Coeur d'Alene Casino in Worley regarding possible employment for Claimant, who is a tribal member. He was informed that when Claimant came for an interview he could barely make it from the parking lot into the casino and, once there, exhibited coughing, wheezing, and shortness of breath, and looked pale. He was further informed that there were no openings for the few jobs in smoke-free environments at the casino and based upon the representative's observation of Claimant, a full medical release would be required.

19. Mr. Moreland only considered Claimant's pulmonary difficulties in assessing his employability:

Q. (By Mr. Combo): What is your opinion as to the effect that his pulmonary condition has had on his ability to compete for gainful employment?

A. Well, based on – previously, as I indicated, the restrictions placed on him by Dr. Elmer, those are severe restrictions. Employers don't allow you to just pick up and leave four to seven times a day, assuming that to be correct, to leave the work site and lay down and rest.

And according to Dr. Elmer, he can't even perform minimal exertional activity without having a flare up of the breathing, shortness of breath. And then restrictions, of course, in standing and walking, the standing and walking

automatically precludes the majority of light duty work, because the definition of light duty work is that it typically requires extended periods of standing and walking.

Taking all that into consideration, it would be very difficult to identify any work that he could perform on a reasonably continuous and sustained basis. And then, of course, we have to factor in that we even add more to it when we consider his age and his limited education and minimal skills.

Hearing Transcript, pp. 67-68.

20. Mr. Moreland was aware that Dr. Craig had indicated Claimant could not work as a result of his RA, but he (Mr. Moreland) only considered his pulmonary deficiencies in rendering his opinion.

21. Other than applying for work at the casino, Claimant has not looked for other employment since he was terminated from the tribal farm in May 2002. Mr. Moreland testified that it would be fruitless for either himself or Claimant to do so.

22. The Referee finds that Claimant has incurred a significant disability in excess of impairment approaching 100%. If not 100% disabled when taking into account medical and non-medical factors, the Referee finds Claimant to be totally and permanently disabled pursuant to the odd-lot doctrine effective May 29, 2002, the date he was officially terminated. He has attempted work (his time of injury job) but was terminated because he could no longer safely perform his duties and was missing too much work. His time of injury employer was sympathetic in that Claimant was accommodated in many respects but he could still not do what was required of him. Claimant applied for work at the casino, but was rejected due to his physical condition. For Claimant or others to continue to look for work would be futile.

23. Once a claimant has established a *prima facie* case for odd-lot status, the burden shifts to employer to prove that there is suitable work available that the claimant could perform. *Lyons v. Industrial Special Indemnity Fund*, 98 Idaho 403,406-407, 565 P.2d. 1360, 1363-1364 (1977). Here, Employer has not located any work of any type within a reasonable distance from

his home that Claimant has a reasonable chance of obtaining and retaining. Thus, Defendants have failed to rebut Claimant's *prima facie* showing that he is an odd-lot worker.

Apportionment:

Defendants contend that in the event Claimant is found to have some degree of PPD, the same should be apportioned heavily in favor of pre-existing conditions. In light of the above finding of total and permanent disability, Idaho Code § 72-406 does not apply because that section deals with disability less than total. Further, because the Referee finds that Claimant is totally and permanently disabled due **solely** to his lung problems, a *Carey* analysis is likewise not appropriate.

There is no question here that Claimant has a number of pre-existing conditions that may have played a role in his current inability to work. Among them are his RA, deconditioning, obesity, and anemia. Dr. Bardana acknowledges that Claimant has lung problems but that such problems are not related to the liquid ammonia exposure. Dr. Elmer disagrees. While Dr. Bardana and Dr. Elmer are qualified to give expert opinions in this case, Dr. Elmer's opinions are entitled to greater weight in that he has examined and treated Claimant on many, many occasions. Nothing in the record indicates that either are particularly biased one way or the other; they simply have a professional disagreement regarding the effects of Claimant's inhalation/aspiration of the ammonia exposure. For the following reasons, the Referee is more persuaded by the opinions expressed by Dr. Elmer than those of Dr. Bardana.

24. Dr. Bardana lacked some of the medical records and the raw data behind some of Dr. Elmer's pulmonary function tests (PFTs). He also did not perform a methacholine challenge test because Claimant had used bronchodilators the morning of his examination with Dr. Bardana. Dr. Elmer conducted such a test after Claimant saw Dr. Bardana; the test was

positive. Dr. Bardana testified that a positive test is non-specific in that it could be positive for a number of reasons, but it does indicate underlying bronchial hyperactivity. However, Dr. Bardana questions whether or not the test was properly done without any proof that it was not. Also, Dr. Bardana agrees that many of the PFTs performed by Dr. Elmer were abnormal, but again questions whether the tests were properly conducted; he prefers to do his own testing. There is absolutely nothing in the record that would indicate that Dr. Elmer does not know how to perform methacholine challenge tests or other PFTs. So, while Dr. Bardana may disagree with Dr. Elmer regarding the long-term effects of Claimant's aqua ammonia exposure, such disagreement is not well founded.

25. Dr Elmer has opined that a positive methacholine challenge test is indicative of asthma, a condition Dr. Bardana denies Claimant had, at least at the time of his examination of him. Dr. Elmer expressed his thoughts regarding causation in a May 14, 2004, letter to Claimant's attorney in pertinent part as follows:

In summary, then, I have no reservations about the fact that Francis had a significant inhalation injury, which caused multiple complications in his lungs, including reactive airways disease that intermittently is symptomatic and will continue to be symptomatic. In addition, I think he had a parenchymal injury, which has led to scarring and bronchiectasis and fibrosis. The time course of his injury and his symptomatology as well as the progression, I think correlate very well and are not supportive of the postulation of Dr. Bardana that this was rheumatoid arthritis.

In addition, this patient does have cardiac deconditioning and poor performance, which also contributes somewhat to his inability to exert. Clearly though, he has pulmonary limitation to exercise as well as cardiovascular limitation to exercise, both playing a significant role. At this point in time the patient is completely disabled from active employment. He will continue to require medical therapy for his condition. He has required hospitalization over the past two years for problems related to mucus plugging and pneumonia related to his airways disease with exacerbation. I suspect this same process will be in his future.

Claimant's Exhibit 2, p. 10.

26. Prior to his accidental inhalation of liquid ammonia, Claimant was able to perform all of the duties of his job and had done so for thirty-some years. While he may have had some pre-existing conditions that may have eventually led to a disability, it is speculative to now determine what condition(s) would come into play in that regard, when, and to what extent. What is known is that Claimant contracted a debilitating lung condition that has prevented him from continuing to work. An employer takes an employee as found. *Wynn v. J.R. Simplot Co.*, 105 Idaho 102, 666 P.2d 629 (1983). Defendants' argument that because Claimant admitted to having certain pre-existing conditions that combined with his toxic exposure rendering him totally and permanently disabled in his lump sum settlement with the Idaho Special Indemnity Fund, he cannot now argue differently is not persuasive. The allegations made in the lump sum were merely recitals of what Claimant hoped he could prove if he went to hearing and were recited in order to settle a "doubtful and disputed claim." Defendants' Exhibit J, p. 284. To hold Claimant to those recitals would be akin to holding Defendants to their acceptance and payment of the 10% whole person PPI rating of Drs. Lambert and Bardana and not allowing them to now argue that Claimant's lung condition is not related to his toxic exposure.

PPI:

27. Based upon the finding of total and permanent disability, it is not necessary to decide whether Claimant's PPI exceeds the 10% whole person rating accepted and paid by Surety.

CONCLUSIONS OF LAW

1. Claimant is totally and permanently disabled pursuant to the odd-lot doctrine due solely to his lung condition resulting from his exposure to anhydrous ammonia effective May 29, 2002.

2. No apportionment is appropriate under the *Carey* formula.
3. The issue of the extent of Claimant's PPI is moot.

RECOMMENDATION

Based upon the foregoing Findings of Fact and Conclusions of Law, the Referee recommends that the Commission adopt such findings and conclusions as its own and issue an appropriate final order.

DATED this __25th__ day of __August__, 2006.

INDUSTRIAL COMMISSION

_____/s/_____
Michael E. Powers, Referee

ATTEST:

_____/s/_____
Assistant Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the __15th__ day of __September__, 2006, a true and correct copy of the **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND RECOMMENDATION** was served by regular United States Mail upon each of the following:

JAMES F COMBO
2005 IRONWOOD PARKWAY STE 201
COEUR D'ALENE ID 83814

GLENNA M CHRISTENSEN
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_____/s/_____

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BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

FRANCIS WILLIAMS,)	
)	
Claimant,)	IC 00-016125
)	
v.)	
)	ORDER
COEUR D' ALENE TRIBAL FARM,)	
)	Filed September 15, 2006
Employer,)	
)	
and)	
)	
IDAHO INSURANCE GUARANTY)	
ASSOCIATION, as successor in interest)	
to FREMONT COMPENSATION)	
INSURANCE GROUP,)	
)	
Surety,)	
)	
Defendants.)	
_____)	

Pursuant to Idaho Code § 72-717, Referee Michael E. Powers submitted the record in the above-entitled matter, together with his proposed findings of fact and conclusions of law to the members of the Idaho Industrial Commission for their review. Each of the undersigned Commissioners has reviewed the record and the recommendation of the Referee. The Commission concurs with this recommendation. Therefore, the Commission approves, confirms, and adopts the Referee's proposed findings of fact and conclusions of law as its own.

Based upon the foregoing reasons, IT IS HEREBY ORDERED that:

1. Claimant is totally and permanently disabled pursuant to the odd-lot doctrine due solely to his lung condition resulting from his exposure to anhydrous ammonia effective May 29, 2002.
2. No apportionment is appropriate under the *Carey* formula.

3. The issue of the extent of Claimant's PPI is moot.

4. Pursuant to Idaho Code § 72-718, this decision is final and conclusive as to all issues adjudicated.

DATED this __15th__ day of __September____, 2006.

INDUSTRIAL COMMISSION

Dissent without comment.

Thomas E. Limbaugh, Chairman

/s/

James F. Kile, Commissioner

/s/

R. D. Maynard, Commissioner

ATTEST:

/s/

Assistant Commission Secretary

CERTIFICATE OF SERVICE

I hereby certify that on the __15th__ day of __September____, 2006, a true and correct copy of the foregoing **ORDER** was served by regular United States Mail upon each of the following persons:

JAMES F COMBO
2005 IRONWOOD PARKWAY STE 201
COEUR D'ALENE ID 83814

GLENNA M CHRISTENSEN
PO BOX 829
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/s/

ge