NOTICES SENT TO FOR FILE 091451:

NAME	ADDRESS	DATE NOTICE SENT		
State Farm Insurance Company, Attn: Beth DeRosier, Claim Representative	P.O. Box 82613 Lincoln NE 68501-2613	3/3/10		
Mike Chaneske	DPW	x		
Michelle Williams	314 Day St. Decorah, IA 52101	x		