UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF INTEREST

Name of Debtor:	Case Number:
Touch America Holdings, Inc.	**03-11915 (KJC)**

YOUR INTEREST IS RECORDED AS:

Internal ID: s13693
Account ID: PITZER REEJ101
Member Interest: 171.931

The amounts reflected above constitute your interest per the Debtor. If you agree with the number of shares set forth herein you do not need to file this proof of interest.

If you have already filed a proof of interest with BMC for common stock equity, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

1. Name of holder of the Equity Interest (The person or entity holding an Equity Interest in the Debtor. Referred to hereinafter as the "Interestholder"):

16938112024626
REED J PITZER
& LAVERNE PITZER JT TEN WROS & NOT TEN COM
3039 FIDLER AVE
LONG BEACH, CA 90808-3504

Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of interest relating to your interest. Attach copy of statement giving particulars.

☒ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

NOTE: This form SHOULD NOT be used to make a claim against the Debtor for money owed. A separate Proof of Claim form should be used for that purpose. This form should only be used to assert an Equity Interest in the Debtor. An Equity Interest is any right arising from any capital stock and any equity security in any of the Debtor. An equity security is defined in the Bankruptcy Code as (a) a share in a corporation whether or not transferable or denominated stock or similar security, (b) interest of a limited partner in a limited partnership, or (c) warrant or right other than a right to convert, to purchase, sell, or subscribe to a share, security, or interest of a kind specified in subparagraph (a) or (b) above.

Account or other number by which Interestholder identifies Debtor:

Check here if this claim:
☐ replaces a previously filed Proof of Interest dated: _____
☐ amends a previously filed Proof of Interest dated: _____

2. Name and Address of any person or entity that is the record holder for the Equity Interest asserted in this Proof of Interest:

Laverne Pitzer
3039 Fidler Ave
Long Beach, CA 90808

512-30-0073

Telephone Number (562) 429-3271

3. Date Equity Interest was acquired: 11-07-00

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JUN 07 2010
BMC GROUP

4. Total amount of member interest: 171.931

5. Certificate number(s): 39173

6. Type of Equity Interest:

Please indicate the type of Equity Interest you hold:

☒ Check this box if your Equity Interest is based on common shares held in the Debtor.

☐ Check this box if your Equity Interest is based on anything else and describe that interest:

_____

7. SUPPORTING DOCUMENTS: *Attach copies of supporting documents,* such as stock, certificates, brokerage statements, option agreements, warrants, etc. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your proof of interest, enclose a stamped, self-addressed envelope and copy of this proof of interest.

The original of this completed proof of interest form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is **actually received on or before 4:00 PM, prevailing Eastern time, on June 28, 2010** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:
BMC Group, Inc.
Attn: Touch America Holdings Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Touch America Holdings Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

THIS SPACE FOR COURT USE ONLY

Touch America POI
00899

DATE

SIGN and print the name and title, if any, of the Interestholder or other person authorized to file this proof of interest (attach copy of power of attorney, if any):

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Penalty for presenting fraudulent claim is a fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A

SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 2005 30 015063

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST (Middle)	2. MIDDLE	3. LAST (Family)
REED	JOHN	PITZER

4. DATE OF BIRTH (mm/dd/yyyy)	5. AGE (Yrs.)	6. SEX
12/17/1921	83	M

8. BIRTH STATE/FOREIGN COUNTRY	9. SOCIAL SECURITY NUMBER	10. EVER IN U.S. ARMED FORCES?	11. MARITAL STATUS (At time of death)	12. DATE OF DEATH (mm/dd/yyyy)	13. HOUR (Military)
MO	491-16-9708	[X] YES [ ] NO [ ] UNK	MARRIED	11/19/2005	1330

14. EDUCATION — Highest Level Completed (Specify)	15. WAS DECEDENT OF HISPANIC/LATINO ORIGIN? (Specify yes or no, and if yes, origin)	16. DECEDENT'S RACE — Up to 3 races may be listed (See instructions and Code)
BACHELORS	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION — Type of work performed in this job, DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, dental examination, conference meeting, etc.)	19. YEARS IN OCCUPATION
ENGINEER	AEROSPACE	20

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number or location)				
3039 FIDLER AVE.				
21. CITY	**22. COUNTY OF RESIDENCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
LONG BEACH	LOS ANGELES	90808	60	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)
LOIS LAVERNE PITZER - WIFE	3039 FIDLER AVE. LONG BEACH, CA 90808

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Before marriage)
LOIS	LAVERNE	NICHOLSON

31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
EDWIN	JOHN	PITZER	MO

35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Before marriage)	38. BIRTH STATE
ETHEL	ISIDORA	PLATT	MO

FINAL DISPOSITION / LOCAL REGISTRAR

39. DISPOSITION DATE (mm/dd/yyyy)	40. PLACE OF FINAL DISPOSITION
11/30/2005	RES - LOIS PITZER 3039 FIDLER AVE. LONG BEACH, CA 90808

41. TYPE OF DISPOSITION	42. DISPOSITION OF CREMAINS	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	-

44. NAME OF PLACE/ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE (mm/dd/yyyy)
CREM. SOC. OF ORANGE CST.	FD-1704	Hilda Hargrove, MCT	11/22/2005

PLACE OF DEATH

48. PLACE OF DEATH	49. IF HOSPITAL, ER/OPD ONLY	50. IF OTHER THAN HOSPITAL, SPECIFY ONE
ANAHEIM HEALTH CARE	[ ] ER [ ] OPD [ ] DOA	[X] Hospice [ ] Nursing Home/SNF [ ] Residence [ ] Other

51. COUNTY	52. FACILITY ADDRESS OR LOCATION (Street and number)	53. CITY
ORANGE	501 S. BEACH BLVD.	ANAHEIM

CAUSE OF DEATH

54. COURSE OF DEATH			
IMMEDIATE CAUSE →	CARDIOPULMONARY ARREST	SECONDS	56. AUTOPSY PERFORMED? [ ] YES [X] NO
Due to, or as a consequence of:	ATHEROSCLEROTIC HEART DISEASE	YEARS	57. AUTOPSY FINDINGS CONSIDERED? [ ] YES [X] NO
			58. DID TOBACCO CONTRIBUTE TO DEATH? [ ] YES [X] NO

59. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 54

ALZHEIMER'S DISEASE

PHYSICIAN'S CERTIFICATION

60. WAS OPERATION PERFORMED FOR CONDITION IN 54 OR 59? (If yes, list type of operation and date)	61. IF FEMALE, PREGNANT IN LAST YEAR?
NO	[ ] YES [ ] NO [ ] UNK

62. SIGNATURE AND TITLE OF CERTIFIER	63. LICENSE NUMBER	64. DATE (mm/dd/yyyy)
MD	A37985	11/22/2005

65. I CERTIFY THAT THE DEATH OF THIS PERSON OCCURRED AT THE TIME, DATE AND PLACE STATED.	66. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
06/16/2005 to 11/19/2005	1661 W. BROADWAY #14 ANAHEIM, CA 92802 NAVIN SARAN, MD

CORONER'S USE ONLY

67. MANNER OF DEATH	68. DID INJURY OCCUR IN THE COURSE OF EMPLOYMENT?	69. INJURY DATE (mm/dd/yyyy)	70. HOUR (Military)
[ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined	[ ] YES [ ] NO [ ] UNK		

71. PLACE OF INJURY (e.g., home, construction site, restaurant, street, etc.)

72. DESCRIBE HOW INJURY OCCURRED (Describe activity at time of injury)

73. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)

74. REMARKS OF CORONER / DEPUTY CORONER	75. DATE (mm/dd/yyyy)	76. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	FAX AUTH. #	CENSUS TRACT

Hilda Hargrove, MCT

NOV 30 2005

CERTIFIED COPY OF VITAL RECORDS

00181280 2

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

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IF ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1 001 7253 1 326 FX1580/6880 0000072506 =

CORRECTED STATEMENT

CORPORATE AND SHAREHOLDER SERVICES
40 EAST BROADWAY ST.
BUTTE, MONTANA 59701-9394

The Montana Power Company

A participant may purchase additional shares of common stock by RETURNING THIS STUB and a check or money order made payable to THE MONTANA POWER COMPANY. Refer to the Dividend Reinvestment and Stock Purchase Plan prospectus for additional information.

DATE

$25 MINIMUM CASH PAYMENT ENCLOSED

$

0000072506 ******* MIXED AADC 350

REED J PITZER
& LAVERNE PITZER
JT TEN WROS & NOT TEN COM
3039 FIDLER AVE
LONG BEACH CA 90808-3504

ACCOUNT NUMBER (REFER TO THIS # ON ALL INQUIRIES)

39173

☐ SEND FORM W-9 FOR TAXPAYER IDENTIFICATION NUMBER CORRECTION.

PLEASE RETURN THIS STUB PORTION WHEN MAKING A CASH PAYMENT, ADDRESS CHANGE, OR WITHDRAWAL REQUEST.

The Montana Power Company

CORPORATE AND SHAREHOLDER SERVICES, 40 EAST BROADWAY ST., BUTTE, MONTANA 59701-9394

DIVIDEND REINVESTMENT AND STOCK PURCHASE PLAN STATEMENT OF ACCOUNT

PURCHASE PERIOD	RECORD DATE	ACCOUNT NUMBER
10/27/00 - 11/02/00	10/06/00	39173

CURRENT RECORD DATE SHARE INFORMATION

TYPE OF STOCK	DIVIDEND RATE $	SHARES HELD AT RECORD DATE: BY YOU IN CERTIFICATE FORM	SHARES HELD AT RECORD DATE: BY PLAN/ SAFEKEEPING	$ DIVIDEND AMOUNT ON SHARES REINVESTED: BY YOU IN CERTIFICATE FORM	$ DIVIDEND AMOUNT ON SHARES REINVESTED: BY PLAN/ SAFEKEEPING	TAX WITHHELD (IF APPLICABLE) $	NET AMOUNT FOR REINVESTMENT $
COMMON	.20000		170.703	.00	34.14	.00	34.14

STATEMENT OF PLAN ACTIVITY

DATE OF TRANSACTION	TRANSACTION DESCRIPTION	TRANSACTION AMOUNT $	MARKET PRICE $	SHARES ACQUIRED/WITHDRAWN	BALANCE OF SHARES HELD IN THE PLAN
			BALANCE FORWARD ▶		168.008
02/09/00	DIVIDEND REINVESTED	33.60	41.7506	.805	168.813
05/04/00	DIVIDEND REINVESTED	33.76	44.0445	.766	169.579
08/03/00	DIVIDEND REINVESTED	33.92	30.1896	1.124	170.703
11/07/00	DIVIDEND REINVESTED	34.14	27.8108	1.228	171.931
		Total 135.42			

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IMPORTANT INFORMATION ON REVERSE SIDE

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Corporate and Shareholder Services
Touch America Holdings, Inc
130 N Main St
Butte, MT 59701-9332

RETURN SERVICE REQUESTED

299792458
TOUCHAMERICA

A participant may purchase additional shares of common stock by RETURNING THIS STUB and a check or money order made payable to TOUCH AMERICA HOLDINGS, INC. Refer to the Optional Stock Purchase Plan prospectus for additional information.

DATE
$25 MINIMUM CASH PAYMENT ENCLOSED
$
ACCOUNT NUMBER (REFER TO THIS # ON ALL INQUIRIES)
39173

0000134787 *AUTO** MIXED AADC 350

REED J PITZER
& LAVERNE PITZER
JT TEN WROS & NOT TEN COM
3039 FIDLER AVE
LONG BEACH CA 90808-3504

Touch America Holdings, Inc.

CORPORATE AND SHAREHOLDER SERVICES, 130 N. MAIN ST., BUTTE, MONTANA 59701-9332

OPTIONAL STOCK PURCHASE PLAN ANNUAL STATEMENT OF ACCOUNT

Statement Date	Account Number
JUNE 4, 2002	39173

CURRENT SHARE INFORMATION

TYPE OF STOCK	SHARES HELD		TOTAL
	BY YOU IN CERTIFICATE FORM	BY PLAN/ SAFEKEEPING	
COMMON	.000	171.931	171.931

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IMPORTANT INFORMATION ON REVERSE SIDE