

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

WANDA SCHONHOFF,

Claimant,

vs.

SISTERS OF ST. FRANCIS,

Employer,

and

IOWA LONG TERM CARE RISK
MANAGEMENT ASSOCIATION,

Insurance Carrier,
Defendants.

File No. 1210473

ARBITRATION

DECISION

HEAD NOTE NO. 1803

INTRODUCTION

This is a proceeding in arbitration filed by Wanda Schonhoff, claimant, against Sisters of St. Francis, employer, and Iowa Long Term Care Risk Management Association, insurance carrier, defendants, for benefits as a result of an injury that occurred on January 22, 1998. A hearing was held in Dubuque, Iowa on May 14, 2002 at 11:00 a.m. at the Iowa Workforce Development Center which is the time, date and place previously set by order of the Workers' Compensation Commissioner. Claimant was represented by Arthur F. Gilloon. Defendants were represented by D. Brian Scieszinski.

The record consists of joint exhibits 1 through 7, consisting of 101 pages and the testimony of claimant, Wanda Schonhoff. Also present in the courtroom at the time of the hearing was Connie Tjarks, employer's administrator.

The case was fully submitted at the close of the hearing.

Both attorneys submitted excellent post hearing briefs.

STIPULATIONS

The parties stipulated to the following matters at the time of the hearing.

That an employer-employee relationship existed between employer and claimant at the time of the injury.

That claimant did in fact sustain an injury that arose out of and in the course of employment with employer on January 22, 1998.

That the injury was the cause of temporary disability.

That defendants have agreed to pay claimant \$213.29 in temporary disability benefits.

That temporary disability benefits are no longer in dispute.

That in the event of an award of permanent disability benefits, that the type of permanent disability, is industrial disability for an injury to the body as a whole.

That the commencement date for permanent partial disability benefits in the event of an award of benefits is August 4, 1998.

That claimant's gross earnings were \$288.00 per week; that claimant is single and entitled to three exemptions; and the parties believe the weekly rate of compensation is \$196.84 per week based upon the above data.

That defendants are not asserting any affirmative defenses.

That defendants have agreed to pay claimant \$600.00 for an independent medical examination.

That medical benefits are no longer in dispute.

That defendants claims no credit for permanent disability benefits paid to claimant prior to the hearing.

That the itemized costs submitted by claimant's attorney and attached to the hearing report have been paid.

ISSUES

The parties submitted the following issues for determination at the time of the hearing.

Whether the injury was the cause of permanent disability.

Whether claimant is entitled to permanent disability benefits, and if so, how much.

FINDINGS OF FACT

Claimant, Wanda Schonhoff, testified that she was 56 years old. She testified that she completed the ninth grade but has not had any further education. She does not have a GED.

Previous employments include (1) waitress and carhop for a drive-in (2) server on a cafeteria line (3) cashier at a quick stop gasoline station and (4) cook and food server at a theological seminary.

Claimant is a thirteen (13) year employee of this employer.

Claimant started to work for employer in May of 1989 in the dining room. Her job entailed setting up for meals and cleaning up after meals. Employer in this case is a retirement home and care facility for religious sisters.

At the time of the injury claimant was earning \$8.22 per hour and at the time of the hearing she was earning \$9.79 per hour. She was at the top of her salary range and therefore received a small bonus periodically.

At the time of this injury on January 22, 1998, claimant was working in the laundry. This building had three floors. The building had laundry chutes which were to send wet bedding and towels and other wet materials to the laundry in the basement. However, these laundry chutes would plug up in the basement and claimant was forced to pull and push and manipulate these plugged up materials manually with her arms extended overhead in order to unplug the chute.

On January 22, 1998 while unplugging one of the chutes, with her hands over her head, she felt severe pain in her left shoulder. The left arm locked up in an elevated position and she had to use her right arm to pull the left arm down.

Claimant saw Edwin T. Castaneda, M.D., on January 26, 1998. Dr. Castaneda diagnosed impingement syndrome with probable rotator cuff tear. He ordered occupational therapy and an arthrogram.

On January 27, 1998, claimant saw Michael Stenberg, M.D., for the arthrogram. Dr. Stenberg returned claimant to work with restrictions.

On January 29, 1998 physical therapist Marilyn Feye noted that claimant had ongoing complaints of pain for approximately the past six months. Ms. Feye noted that claimant speculated that a precipitating factor might be overuse of the left arm as she was recovering from a right carpal tunnel surgery recently. Her assessment was left shoulder pain/rotator cuff tear.

On February 23, 1998, Scott P. Schemmel, M.D., reviewed the arthrogram and said that it showed a full thickness tear of the right rotator cuff - - stage III impingement.

Dr. Schemmel performed the right rotator cuff repair on March 30, 1998. The procedure was described as left shoulder open rotator cuff repair to include acromioplasty and under surface distal clavicular excision.

On May 26, 1998 after claimant was recovering from the rotator cuff repair, Dr. Schemmel referred claimant to Paulette Lynn, M.D. in the physical medicine department to evaluate claimant.

On June 12, 1998, Dr. Lynn reported that she was considering cervical radiculopathy. Dr. Lynn noted that claimant had a history of bilateral carpal tunnel syndrome. She also noted that claimant had two previous workups for cervical radiculopathy prior to this injury. One was done by Dr. Stumm. More recently she had a cervical MRI done by Dr. Stanek. The MRI showed narrowing at C5-6 and C6-7 but no focal disk herniation or spinal stenosis. Dr. Lynn concluded that she found no evidence for a cervical radiculopathy. But she did have tenderness in the trigger points in the upper trapezius and posterior shoulder muscles.

On June 23, 1998, Dr. Schemmel reported that claimant was not having night pain and her daytime symptoms were greatly improved. She had returned to work half days. She was regaining range of motion in excellent fashion in all directions. Her rotator cuff strength was also improving in all directions. Her impingement findings were minimal at that time. He said "I anticipate that she will continue to do well." He imposed temporary restrictions at that time. She was to be reevaluated on August 4, 1998.

On August 4, 1998, Dr. Schemmel said claimant was now four and one half months out, she was doing very well, she was sleeping well at night, and having no symptoms at all. He said her daytime pain is also resolved. She feels she can go to work without any restrictions. His assessment was that Ms. Schonhoff has had an excellent recovery from her rotator cuff repair. He released her p.r.n. at that time to normal duties and no restrictions.

On August 6, 1998, claimant developed right upper quadrant pain radiating around to the back and in her right flank. On September 15, 1998 she continued to see Mark W. Neimer, M.D., a rheumatologist, for left shoulder pain. Claimant gave the impression that it was osteoarthritis.

On September 21, 1998, Dr. Schemmel calculated a permanent impairment rating using the Fourth Edition of the AMA Guides which took into account the patient's range of motion and strength changes. He determined her impairment rating was 14 percent for the upper left extremity with 10 percent due to loss of strength and four percent due to restricted range of motion. He further determined that a 14 percent impairment of the upper extremity calculates to an impairment of eight percent of the person as a whole.

On November 11, 1998, Mr. Dan Focht, M.A., O.T.R., reported the results of his functional capacity evaluation. The examination took place on November 9, 1998 and it

was determined to be a valid representation of claimant's current physical status based upon her approximate 47-pound average lifting capacity. He said there were no indications that would indicate claimant could not meet the demands of her job.

He noted that he made a work site analysis on November 5, 1998 and pointed out that a comparison of her abilities exceeds the physical demands of her job as a laundry worker. However, she still lacked optimal strength of the left shoulder musculature and has an extremely tight joint capsule. This, however, he said is not debilitating and should not limit her in performing all the essential functions and critical demands of her job.

Mr. Focht reviewed her medical history and noted that claimant underwent a left carpal tunnel repair in January of 1992; a right rotator cuff repair in May of 1992; a right carpal tunnel release in November of 1997; and finally a left rotator cuff repair in March of 1998, and that she was released to full duty in August of 1998.

His summary form showed that he recommended that claimant could return to work with no restrictions and work eight hours a day at the medium physical demand level.

On January 4, 1999, Dr. Schemmel made another calculation of permanent impairment based on the AMA Guides to the Evaluation of Permanent Impairment based on the patient's range of motion as well as strength. He said her impairment for the left upper extremity was 13 percent and this calculates to an impairment of the whole person of seven percent.

On January 7, 1999, John W. Patrick, M.D., reported that claimant had a modified radical mastectomy and there was no evidence of recurrence of breast cancer nine years later. He said she did complain of right knee pain, low back pain, and right hip pain.

On January 14, 1999 a bone scan demonstrated arthritic changes in the patient's right knee. The cervical spine films corroborated the finding of arthritis and degenerative changes on her cervical spine.

On April 5, 1999, claimant also had low back pain checked by Craig C. Schultz, D.O., and he assessed acute lumbosacral strain and degenerative joint disease.

On April 16, 1999, Mark W. Niemer, M.D., diagnosed osteoarthritis, low back and also the right knee pain primarily patellofemoral.

On July 11, 1999, claimant saw Terrence A. Alexander, M.D., for recurrent pain in the left shoulder. He performed a subacromial injection for therapeutic purposes. He felt it was rotator cuff tendonitis rather than a recurrent rotator cuff tear. Dr. Alexander referred claimant to physical therapy on June 25, 1999 as well as a McKenzie exercise program for the neck.

On April 18, 2000, Dr. Lynn reported that claimant was recovering from a total knee arthroplasty.

On June 9, 2000 a left shoulder complete x-ray showed degenerative changes in the AC joint and off the tip of the acromion process. No additional abnormalities were seen.

On June 16, 2000, claimant also saw Frederick Isaak, M.D., for left shoulder pain which he assessed was probably referred from her arthritis.

On July 9, 2000, Dr. Niemer noted that claimant was having increasing left shoulder pain and difficulty sleeping. His impression was osteoarthritis, left shoulder film shows some AC joint arthritis, but otherwise fairly good maintenance in the shoulder joint itself.

On December 11, 2000, Dr. Niemer said claimant had generalized osteoarthritis. Previous x-rays have shown that she has shoulder involvement, knee involvement and lumbar and thoracic spine as well as foot involvement.

On February 22, 2002, Dr. Schemmel wrote to claimant's counsel, Arthur F. Gilloon, to clear up a discrepancy in his rating of claimant's impairment of the left upper extremity as a result of her shoulder injury. He said there was a slight discrepancy due to his "rounding up" versus his "rounding down." Thus, to settle the matter and to clarify the patient's upper extremity impairment, it is 14 percent which calculates to an eight percent impairment to the body as a whole based on the AMA Guides.

Dr. Schemmel said "I consider the patient's rotator cuff injury to be the result of or aggravated by her work at Mount Saint Francis where she was employed in the laundry lifting heavy loads of laundry at shoulder height in a repetitive fashion." (Jt. Ex. 88)

On March 15, 2002, Thomas J. Hughes, M.D., performed an independent medical evaluation for claimant at the request of claimant's counsel. He provides an excellent detailed history of her care and treatment for this injury. Her hand dynamometer disclosed that her initial grasp on her right hand was 60 pounds whereas on the left hand it was 40 pounds. She is right hand dominant. She could generate strength as high as 75 pounds on the right side whereas the maximum on the left side was 60 pounds.

As a result of several measurements Dr. Hughes stated that the range of motion upper extremity impairment for Ms. Schonhoff's left shoulder would be five percent for the loss of anterior flexion, four percent for loss of abduction and one percent for loss of internal rotation. These numbers would be added to arrive at ten percent impairment of the left upper extremity based on range of motion. To this he added five percent for the acromioplasty and arrived at a fifteen percent upper extremity impairment rating.

Dr. Hughes concluded, "We can convert a 15% upper extremity impairment rating to 9% by multiplying times 0.6 or utilizing Table 16-3 on Page 439 of the AMA

Guides.” The doctor stated that he used the Guides to the Evaluation of Permanent Impairment, Fifth Edition, as published by the American Medical Association. In conclusion he recommended a 15 percent upper extremity or nine percent whole person impairment rating.

With respect to casual connection the doctor stated Ms. Schonhoff is certainly consistent with her developing a tear of her rotator cuff and it certainly would explain the subsequent medical care treatment. He said this should fulfill the prerequisite for establishing causation. He concurred that she had achieved maximum medical improvement on August 4, 1998.

Dr. Hughes’ concluding remarks were as follows

I really do not think there has been an [sic] substantial changes in her condition since that time. I certainly do not think Ms. Schonhoff’s condition will substantially improve or worsen in the foreseeable future. I think she will have permanent work restrictions in that she is unable to do any useful and purposeful work activities with her left arm above chest level. She should avoid duties or activities requiring far reaching with her left arm or vigorous and repetitive pushing and pulling with her left arm. (Emphasis supplied.)

(Jt. Ex. 5, p. 95)

Claimant testified that she is now the only person employed in the laundry room. In addition to the wet clothes, she also launders the personal clothing of the resident nuns. Previously this involved moving the clothes in carts to the washer, then after they were washed put them in a cart, and move them to the extractor to get the wetness out of the clothes, and then move them again in a cart to the dryer to get them dry. Since her injury they have installed a new machine which eliminates the move to the extractor and they also have a lift which lifts the clothes up when they are dry eliminating bending. After the clothes are dry they are put on carts and taken to the three floors on which the nuns live and where the bathrooms are located.

Claimant testified that she has seen several doctors since she was returned to work full-time for various pain complaints one of which was pain in her left shoulder. Claimant testified she still has pain in her left shoulder. She has seen Dr. Alexander, Dr. Isaak and Dr. Niemer. She takes Celebrax and Darvocet. She received a subacromial injection for therapeutic purposes from Dr. Alexander. Claimant testified that she has had physical therapy several times and the therapist are trying to teach her how to perform her job within her limitations to avoid pain while working. She uses a footstool to avoid reaching and takes ice packs about twice a day.

Claimant testified that physical therapy was no longer authorized except through the employer group health program and that calls for a \$500 deductible. She can no longer do that because she has not paid for the \$500 deductible she incurred last year.

She currently makes \$9.79 per hour and received her last raise in September of 2001. She has been told that she is a good employee. There have been times when they hired part-time help temporarily to assist her with her job. She testified that she wants to continue to keep her job. She enjoys her job but does not know how long she can do it because of her concern for her left arm.

Claimant acknowledged that she had had several physical problems in the past. Dr. Schemmel had performed surgery on her ankle and had performed carpal tunnel surgery on both the right and left upper extremities. She acknowledged that she had a right knee replaced and a mastectomy on the right side for cancer.

Claimant acknowledged that when she was returned to work with restrictions that the employer had accommodated the restrictions and only gave her jobs which she was able to do. She admitted that she had osteoarthritis and degenerative disk disease. She acknowledged that hourly wage had not been affected by her injury. She was earning \$8.22 per hour at the time of the injury and she was currently earning \$9.79 per hour at the time of the hearing.

In previous testimony she had testified that she had not searched for any other work and planned to work for this employer until age 65. She admitted that she was doing the same job for more money at the time of the injury and that job modifications had been made to help her perform the job.

Claimant testified that she now has questions whether she will be able to continue to work until she is age 65. She hopes that she can because she believes the job market for a 56-year-old woman with no education and numerous physical problems was not very "employable."

Claimant agreed that Dr. Schemmel, the treating physician and surgeon did return her to work without any restrictions. However she stated that both Dr. Schemmel and Dr. Hughes warned her to be very careful with the use of her left arm, especially with lifting, and over the shoulder work.

Claimant testified that as the date of the hearing that the defendant employer and insurance company had not paid her any permanent partial disability benefits of any kind. Claimant's counsel commended her for her motivation to work and claimant responded that she had to work to support herself and two foster children.

CONCLUSIONS OF LAW

The party who would suffer loss if an issue were not established has the burden of proving that issue by a preponderance of the evidence. Iowa R. App. P. 14(f).

The claimant has the burden of proving by a preponderance of the evidence that the injury is a proximate cause of the disability on which the claim is based. A cause is proximate if it is a substantial factor in bringing about the result; it need not be the only cause. A preponderance of the evidence exists when the causal connection is probable rather than merely possible. Blacksmith v. All-American, Inc., 290 N.W.2d 348 (Iowa 1980); Holmes v. Bruce Motor Freight, Inc., 215 N.W.2d 296 (Iowa 1974).

Functional impairment is an element to be considered in determining industrial disability which is the reduction of earning capacity, but consideration must also be given to the injured employee's age, education, qualifications, experience and inability to engage in employment for which the employee is fitted. Olson v. Goodyear Serv. Stores, 255 Iowa 1112, 125 N.W.2d 251 (1963); Barton v. Nevada Poultry, 253 Iowa 285, 110 N.W.2d 660 (1961).

A finding of impairment to the body as a whole found by a medical evaluator does not equate to industrial disability. Impairment and disability are not synonymous. The degree of industrial disability can be much different than the degree of impairment because industrial disability references to loss of earning capacity and impairment references to anatomical or functional abnormality or loss. Although loss of function is to be considered and disability can rarely be found without it, it is not so that a degree of industrial disability is proportionally related to a degree of impairment of bodily function.

Factors to be considered in determining industrial disability include the employee's medical condition prior to the injury, immediately after the injury, and presently; the situs of the injury, its severity and the length of the healing period; the work experience of the employee prior to the injury and after the injury and the potential for rehabilitation; the employee's qualifications intellectually, emotionally and physically; earnings prior and subsequent to the injury; age; education; motivation; functional impairment as a result of the injury; and inability because of the injury to engage in employment for which the employee is fitted. Loss of earnings caused by a job transfer for reasons related to the injury is also relevant. Likewise, an employer's refusal to give any sort of work to an impaired employee may justify an award of disability. McSpadden v. Big Ben Coal Co., 288 N.W.2d 181 (Iowa 1980). These are matters which the finder of fact considers collectively in arriving at the determination of the degree of industrial disability.

There are no weighting guidelines that indicate how each of the factors are to be considered. Neither does a rating of functional impairment directly correlate to a degree of industrial disability to the body as a whole. In other words, there are no formulae which can be applied and then added up to determine the degree of industrial disability. It therefore becomes necessary for the deputy or commissioner to draw upon prior

experience as well as general and specialized knowledge to make the finding with regard to degree of industrial disability. See Christensen v. Hagen, Inc., Vol. 1 No. 3 State of Iowa Industrial Commissioner Decisions 529 (App. March 26, 1985); Peterson v. Truck Haven Cafe, Inc., Vol. 1 No. 3 State of Iowa Industrial Commissioner Decisions 654 (App. February 28, 1985).

Compensation for permanent partial disability shall begin at the termination of the healing period. Compensation shall be paid in relation to 500 weeks as the disability bears to the body as a whole. Iowa Code section 85.34.

Both Dr. Schemmel, the authorized treating physician and surgeon, and Dr. Hughes, claimant's independent medical examiner, stated that her work was the cause of her surgery and disability.

On February 22, 2002, Dr. Schemmel wrote that he considered this patient's rotator cuff injury to be the result of or aggravated by her work at Mount St. Francis where she was employed in the laundry lifting heavy loads of laundry at shoulder height in a repetitive fashion. (Jt. Ex. 4, p. 88)

Dr. Hughes stated that claimant's history of injury is certainly consistent with her developing a tear of rotator cuff and this certainly would explain her subsequent medical care and treatment and that this should fulfill the prerequisite for establishing causation. (Jt. Ex. 5, p. 95)

At age 56, claimant is at the peak of her earning capacity. In fact, she testified this is the most money she has ever made and that at her age and with her education and numerous physical health problems that it was very unlikely that she could command a wage like this anywhere else.

Age cannot be used as a factor, by itself, to reduce an injured workers industrial disability. Second Injury Fund v. Nelson, 544 N.W.2d 258 (Iowa 1995).

Claimant in our society today is basically an uneducated person. The bare minimum for finding employment seems to follow a norm of a high school education. Claimant does not have a high school education and she does not have a GED. It is doubtful that she has the academic ability to study for and pass a test to obtain a general educational development certificate. She had one job at a drive-up gas station which she was not able to maintain because of her inability to be a cashier and handle the numbers involved.

It was pointed out that defendants have accommodated claimant's various returns to work providing work for her in the office and handling mail when she was under work restrictions. Likewise defendants are to be commended on continuing to provide employment for claimant in spite of her many infirmities and time off work for medical treatment. At the same time this accommodation may not continue to maintain

employment for this claimant until she is age 65 and plans to retire from this employer. Thilges v. Snap-On Tools Corp., 531 N.W.2d 644 (Iowa 1995).

With respect to permanent impairment ratings Dr. Schemmel, the authorized treating physician determined that it was 14 percent of the left upper extremity and Dr. Hughes, the independent medical examiner thought it was a 15 percent permanent impairment of the left upper extremity.

Defendants' functional capacity examiner, Dan Focht, determined that claimant could return to work without restrictions and work eight hours per day, apparently because her ability to lift 47 pounds was within her job description and requirements for this job. Not to be overlooked is the fact that Mr. Focht placed her in the physical demand level of "medium." His rating sheet set the medium demand level from occasional lifting of 50 pounds, frequent lifting of 20 pounds and constant lifting of 10 pounds.

Although claimant can still perform her current job, it should be noted that before this injury claimant had no lifting limitations of any kind; whereas she now has the foregoing limitations for the rest of her working life.

It is also noted by Dr. Hughes that she does have a permanent work restriction because she is unable to do any useful and purposeful work activities with her left arm above chest level. He stated she should avoid duties or activities requiring far reaching with her left arm or vigorous and repetitive pushing and pulling with her left arm. For a laboring class person, this is a significant restriction.

"The agency's expertise, technical competence and specialized knowledge may be utilized in the evaluation of the evidence." Lawyer and Higgs, Iowa Workers' Compensation-Law and Practice, (3rd ed.), section 22-5, page 272.

"The agency's experience, technical competence, and specialized knowledge may be utilized in the evaluation of the evidence." Iowa Code section 17A.14(5).

It is the experience of this deputy that injured workers that have had rotator cuff surgery, more times than not, receive permanent work restrictions against working with their hands outstretched or working with their hands and arms over shoulder or chest level as permanent work restrictions. Therefore, Dr. Hughes in this case is supported by the agency expertise of this particular deputy. Therefore, it is determined that claimant is or should be permanently restricted from activities with her left arm above chest level as determined by Dr. Hughes. (Ex. 5, p. 95)

This restriction severely limits the future employability and access to the competitive employment market. She is foreclosed from several of the jobs found in the dictionary of occupational titles.

Claimant is able to continue to do her present job because of the kind consideration of the employer by installing new equipment and the helpful assistance of

a physical therapist demonstrating to claimant how she can perform the job in spite of her limitations.

This accommodation and helpfulness by this employer is admirable but does not transfer to the competitive job market as a whole. Thilges, supra

Claimant has no transferable skills.

Defendants' counsel cites several cases in which it is alleged that when an injured employee returns to work doing the same job for the same or more pay that there is no industrial disability. Notably, defendants cite Wright vs. Mid American Energy, Case No. 2-065/01-0312 (May 15, 2002).

The Wright Case is an unpublished court of appeals decision and may not be cited as precedent. Furthermore, it does not establish this principle as a matter of law. Rather it is a remand to the commissioner for further evaluation of the evidence. Moreover, the case has been appealed to the Iowa Supreme Court.

The other cases cited by defendants are fact based and are not precedents for this case which relies on its own individual and peculiar facts summarized in the body of this decision, which are distinguishable from the cases cited.

This employer has done everything that a good employer could reasonably do to assist claimant in her recovery and return her to work, especially in view of her many unrelated health problems.

At the same time, claimant is entitled to a twenty-five percent industrial disability based on commonly accepted workers compensation principles.

Wherefore it is determined that claimant has sustained a 25 percent industrial disability to the body as a whole and is entitled to 125 weeks of permanent partial disability benefits at the agreed rate of \$196.84 per week commencing on August 4, 1998 as agreed to by the parties.

ORDER

THEREFORE, IT IS ORDERED:

That defendants pay to claimant one hundred fifty (125) weeks of permanent partial disability benefits for twenty-five percent (25%) industrial disability at the rate of one hundred ninety-six and 84/100 (\$196.84) dollars per week in the total amount of twenty-six thousand six hundred and five (\$26,605.00) dollars commencing on August 4, 1998.

All accrued benefits are to be paid in a lump sum.

Interest will accrue pursuant to Iowa Code section 85.30.

That the costs of this action including the cost of the attendance of the court reporter at hearing are charged to defendants pursuant to Iowa Code section 86.19, Iowa Code section 86.40, and rule 876 IAC 4.33.

That defendants file claim activity reports as requested by this agency pursuant to rule 876 IAC 3.1.

Signed and filed this 13th day of June, 2002.

WALTER R. MCMANUS, JR.
DEPUTY WORKERS'
COMPENSATION COMMISSIONER

Copies to:

Mr. Arthur F. Gilloon
Attorney at Law
Security Bldg., 800 Town Clock Plaza
PO Box 857
Dubuque, IA 52004-0857

Mr. D. Brian Scieszinski
Attorney at Law
801 Grand Ave., Ste. 3700
Des Moines, IA 50309-2727