

NOMINATION FORM

GREAT LAKES GAS TRANSMISSION COMPANY

Intra-Day Cycle: _____

CONTACT: Transportation Services Hot Line: 1-866-454-7572
 Fax Number: 832-320-5706

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|---------------|--------------|------------|
| Shipper Name: | | Contact: |
| Contract: | Shipper ID#: | Telephone: |
| Start Date: | | End Date: |

| Receipt Point(s) | Delievery Point(s) | Transport (Dth) | Required Fuel (Dth) |
|------------------|--------------------|-----------------|---------------------|
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Total Transport (Dth) _____ + Total Required Fuel _____ = Total Supply Input _____

| UPSTREAM SUPPLIER INFORMATION | | | |
|-------------------------------|-------------|-----|----------|
| Receipt Point(s) | Supplier(s) | DTH | Priority |
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| DOWNSTREAM MARKET INFORMATION | | | | |
|-------------------------------|-----------|------------|-----|----------|
| Delivery Point(s) | Market(s) | Package ID | DTH | Priority |
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Total Suppliers (DTH) _____

Total Market(s) Dth _____

Fuel based on {transport dth times (fuel rate divided by [1 minus fuel rate])}. Total supply input must equal total supplier Dth. Total market Dth must equal Total Transport Dth. Contract MDQ's based on Total Transport Dth delivered . Shipper ID # is a five digit number that begins with seven.

Requested By: _____