



NCGT Capacity Assignment Form

Only after permission is given by NCGT, shippers may be allowed to assign some or all of their FT transportation capacity to another eligible shipper(s) at the applicable contract rate. In all cases the original shipper will continue to be financially responsible for any unpaid portions of the capacity assigned. All assignments will be for a specified term and be considered prearranged, not subject to bid, with the assignee. All assignments will be deemed recallable by the assignor under the terms specified by the assignor below. NCGT may also recall capacity in cases of non-payment. Please use this form to request an assignment, then an authorized NCGT will approve or deny the assignment, and finally the assignee will approve the assignment.

1 Assignment Start Term: (mm/dd/yyyy)

2 Assignment End Term: (mm/dd/yyyy)

3 Shipper / Assignor:

7 Prearranged Shipper / Assignee:

4 Contact Name of Assignor:

8 Contact Name of Assignee:

5 Contact Phone Number of Assignor:

9 Contact Phone Number of Assignee:

6 Contact Email Address of Assignor:

10 Contact Email Address of Assignee:

11 Maximum Daily Quantity to be Assigned: Dth

16 Maximum Daily Quantity to be Assigned: Dth

12 NCGT Contract Number:

13 Release Type (Please check one):

Partial term

Full Remaining term

17 NCGT Contract Number:

18 Release Type (Please check one):

Partial term

Full Remaining term

Receipt Point(s)

Point Name(s)

14a

14b

Quantity (Received MDQ)

14c Dth

14d Dth

14e Total Dth

Receipt Point(s)

Point Name(s)

19a

19b

Quantity (Received MDQ)

19c Dth

19d Dth

19e Total Dth

Delivery Point(s)

Point Name(s)

15a

15b

15c

15d

15e

Quantity (Delivered MDQ)

15f Dth

15g Dth

15h Dth

15i Dth

15j Dth

15k Total Dth

Delivery Point(s)

Point Name(s)

20a

20b

20c

20d

20e

Quantity (Delivered MDQ)

20f Dth

20g Dth

20h Dth

20i Dth

20j Dth

20k Total Dth

21 Recall Provisions (state below or attach):

22 Notes (state below or attach):

Signature of Assignor:

Name/Title of Representative:

Date:

Signature of Assignee:

Name/Title of Representative:

Date:

Fax or e-mail to Andrew Gough at North Coast
Fax: 614-505-7212
E-mail: agough@somersetgas.com

For North Coast Gas Transmission Use Only

Replacement Contract Number(s): and

Signature of NCGT Representative:

Name of NCGT Representative:

Date:

Confidential

Revised October 17, 2011

Assignment not valid until NCGT signature