

**COLUMBIA GAS OF PENNSYLVANIA, INC.
GENERAL DISTRIBUTION ADDENDUM
TO APPOINT NEW AGENT**

KNOW ALL MEN BY THESE PRESENTS that _____ ("Customer") does hereby make, constitute and appoint _____ ("Natural Gas Supplier (NGS)") as its **AGENT** in accordance with the Rules Applicable to Distribution Service section of the Company's Tariff for the purpose of establishing and administering a gas distribution program on the Columbia Gas of Pennsylvania, Inc. ("Columbia") system for and on behalf of Customer, including (by way of illustration and not limitation) the following: request gas distribution service with Company; obtain Customer's historic and current usage data from Columbia; nominate gas distribution quantities on behalf of Customer; direct Company to send Customer's bill (utility and transport) directly to the NGS; and obtain from Company any information pertaining to prior or current month gas deliveries to Customer, including disbursed quantities, tariff quantities, banked quantities and bank tolerances.

ACKNOWLEDGEMENT OF SERVICES PROVIDED UNDER THE GENERAL DISTRIBUTION SERVICES APPLICATION AND AGREEMENT

By executing this Addendum, Customer is selecting a new agent and agrees to continue to be bound by the terms and conditions of the existing General Distribution Application and Agreement between Customer and Columbia. The Company shall provide General Distribution Service (GDS) to the Customer in accordance with the Rules Applicable to Distribution Service section of the Company's Tariffs to the facilities and at the quantities specified on the General Distribution Addendum, which is hereby incorporated by reference and made part of this Agreement. Pursuant to the Rules Applicable to Distribution Service section of Columbia's Tariff, the Customer remains fully responsible to the Company for the payment of any invoices, fees, imbalance purchases, banking and balancing charges, OFO or OMO charges, penalties or other charges arising out of the NGS's provision of natural gas supply services to the Customer, including any differential between the price offered by the NGS and the rate charged by Company in the event that the NGS discontinues service or defaults on its contract before its contract with the Customer has expired.

AGGREGATION SERVICE OPTIONS

A Customer may choose Non-Aggregation Service or Aggregation Service subject to the provisions of the applicable Rate Schedule in the Company's Tariff as well as the Rules Applicable to Distribution Service section of the Tariff. Should the Customer's annual quantity be 64,400 therms or less, Aggregation Service is required.

In the event an agent is selected and an aggregation choice is not made, the default will be Aggregation Service. (Check & Initial One Only):

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Non-Aggregation Service (Stand Alone):

Customer Initials: _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

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Aggregation Service:

Customer Initials: _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

Acct. No. _____

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Furthermore, in the event that interruption of gas service is required, one of the following persons should be contacted. At least **two** Employee names authorized by the Customer along with contact numbers (no fax numbers or Agent/3rd Party names please), and Email addresses for each:

Contact Name _____ Email Address _____

Phone _____ (24 Hour) _____

Contact Name _____ Email Address _____

Phone _____ (24 Hour) _____

IN WITNESS WHEREOF, the parties hereto have accordingly and duly executed this Agreement as of the date hereinabove first mentioned.

CUSTOMER (Authorized Employee Information):

EXECUTED BY CUSTOMER: _____

(Must be signed by Authorized Employee of Customer)

(Please Print Authorized Employee Name)

Title: _____ Address: _____

Phone No.: _____ Fax No.: _____

E-Mail Address: _____ Date: _____

AGENT (Authorized Employee Information):

EXECUTED BY AGENT: _____

(Must be signed by Authorized Employee of Agent)

(Please Print Authorized Employee Name)

Title: _____ Address: _____

Phone No.: _____ Fax No.: _____

E-Mail Address: _____ Date: _____

EXECUTED BY COLUMBIA: _____

(Must be signed by Authorized Employee of Columbia)

Name: _____ Address: 290 W. Nationwide Blvd., Columbus, OH 43215

Title: _____ Date: _____