

**FORM OF SERVICE AGREEMENT
APPLICABLE TO CAPACITY RELEASE TRANSACTIONS
CONFIRMATION LETTER**

1. Replacement Shipper's Name: _____

2. a. Capacity Release Transactions Agreement No.: _____

b. Underlying Rate Schedule No.: _____

3. Replacement Shipper's Firm Transportation Agreement No.: _____

Temporary Assignment of Canadian portion Agreement No.: _____

4. Releasing Shipper's Firm Transportation Agreement No.: _____

5. Commencement Date: _____ Termination Date: _____

6. Reservation Quantity: _____ Dth/d

7. Receipt Point(s):
Primary: Yes ___ No ___

Maximum Daily
Reservation Quantity
Dth

8. Delivery Point(s):
Primary: Yes ___ No ___

Maximum Daily
Reservation Quantity
Dth

9. Reservation Rate \$ _____/Dth
(\$0. _____ per Dth on a 100% load
factor basis), exclusive of ACA and
fuel reimbursement.

10. Usage Rate \$ _____/Dth

11. Special Terms and Conditions of
Release (if any):
