

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

10. Rate Default (Index-Based Only) \$ _____

11. Usage Rate (as applicable) \$ _____/Dth

12. Special Terms and Conditions of Release (including all terms related to Index-Based Capacity Releases):

