

TRANSGAS LIMITED SCHEDULE OF SERVICE

Customer Name:

Rate Code: 9.5

Type of Service: **Associated Interruptible Delivery Transportation**

Effective 200 _____ **, 09:00 Central Clock Time (CCT)**

I. Receipt Point

Receipt Code	Receipt Point Name & Location	Max Day (GJ/d)
7777	TransGas Energy Pool	as authorized by TransGas

II. Delivery Point(s)

Contract #	Delivery Code	Delivery Point Name & Location	Pressure kPa		Max Day (GJ/d)
			Min	Max	
		as specified on the Associated Firm Schedule of Service			as authorized by TransGas

III. Additional Conditions

This Associated Interruptible Delivery Schedule of Service is associated with the Firm Schedule (s) of Service held by _____ (customer's name)

Any additional conditions of Service outlined on the Firm Service Schedule of Service will apply in the same manner to this Associated Interruptible Service.
