

**MIDWESTERN GAS TRANSMISSION COMPANY
OPEN SEASON EXHIBIT A**

- A. Shipper Name: _____
- B. Effective Date: _____
- C. Term: _____
- D. Requested Transportation Quantity (MMBtu/d): _____
- E. Rate: _____
- F. Willing to accept pro rata quantity? (Yes or No) _____
- G. Primary Receipt/Delivery Point information on Attached Page.

By: _____

Print Name: _____

Title: _____

Phone: _____

Facsimile: _____

Address: _____

**OPEN SEASON EXHIBIT A CONTINUED
RECIPT/DELIVERY PRIMARY POINT INFORMATION**

Receipt Point Name	Receipt DRN Number	Transportation Quantity
Total Receipt Quantity		

Delivery Point Name	Delivery DRN Number	Transportation Quantity
Total Delivery Quantity		