

AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) ss.:  
COUNTY OF \_\_\_\_\_ )

1. My name is \_\_\_\_\_. I am an officer of \_\_\_\_\_ (“Natural Gas Supplier ” or “NGS”). My business address is \_\_\_\_\_.

2. I am familiar with a certain Billing Services Agreement for Consolidated Billing Services Under Rate Schedule SATS – Small Aggregation Transportation Supplier Service between National Fuel Gas Distribution Corporation (“Company”) and NGS dated \_\_\_\_\_ (“Agreement”).

3. With respect to NGS customers receiving bills under the Agreement, NGS will notify current customers and will notify future customers that Company is permitted to terminate the Customer for non-payment of NGS charges billed by Company pursuant to the Agreement.

4. I make this affidavit with the knowledge my statement at above paragraph no. 3 is a condition of NGS’s continued receipt of service under the Agreement.



\_\_\_\_\_

AFFIANT

Sworn before me this \_\_\_ day of \_\_\_\_\_, 20\_\_:

\_\_\_\_\_  
Notary Public  
My term expires:\_\_\_\_\_