

(Placement on page, number of pages, format, capitalization and font may vary)

Contract No.: _____
Request No.: _____
Amendment No.: _____ [if applicable]

Appendix B (or B-1)
Segmented Throughput Service Agreement [Applicable to Delivery Segment Only]
TFX Rate Schedule

Delivery Point(s) Listing

Shipper: _____

Term: _____ through _____ [multiple pages will be added if there are multiple
date ranges]

DELIVERY POINT DESCRIPTION: (organized by Zone and/or Master Meter)

MAXIMUM VOLUMES (DTH)

POI#	Delivery Points Served	Jan [Volume]	Feb [Volume]		Dec [Volume]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total(s)

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