

Contract ID:	
Contract Name:	

**SCHEDULE 1**  
**Contract Parameters**  
**Southern Bundled T**

**1. Dates**

This Schedule 1 is effective the 1<sup>st</sup> Day of \_\_\_\_\_.  
"Day of First Receipt" means the 1<sup>st</sup> Day of \_\_\_\_\_.  
Each Contract Year shall end on \_\_\_\_\_.

**2. Daily Contract Quantity (DCQ)**

**Upstream Point(s) Of Receipt**

**Location**                      **Obligated DCQ(GJ/ Day)**

Western

**Ontario Point(s) Of Receipt**

**Location**                      **Obligated DCQ(GJ/ Day)**

Parkway  
Dawn

Obligated DCQ does not include fuel.

On days when requested by Customer and Authorization Notice is given by the Company, the above quantity parameters, Upstream Point(s) of Receipt, and Ontario Point(s) of Receipt shall be deemed to be amended in accordance with such Authorization Notice.

**3. Maximum BGA Balances**

All units referenced in the table below are Gigajoules (GJ)

<b>BGA Balancing Period Date</b>	<b>Maximum Positive Variance</b>	<b>Maximum Negative Variance</b>
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In this Schedule 1, if a BGA Balancing Period Date (other than Contract Anniversary) coincides with the Winter Checkpoint Date, the greater of the Maximum Negative Variance on the BGA Balancing Period Date or the checkpoint value will prevail. If a BGA Balancing Period Date (other than Contract Anniversary) coincides with the Fall Checkpoint Date, the lesser of the Maximum Positive Variance on the BGA Balancing Period Date or the checkpoint value will prevail.

**4. Checkpoint Balancing Parameters**

<b>Checkpoint</b>	<b>Fall/Winter Checkpoint Date</b>	<b>Checkpoint Quantity (GJ)</b>
FALL		
WINTER		

**This Contract operates on the basis of:**

- Customer Determined Balancing Option**  
Or  **Utility Determined Balancing Option**

The undersigned execute this Contract as of the above date. If an Agent on behalf of Customer executes this Contract then, if requested by the Company, Agent or Customer shall at any time provide a copy of such authorization to the Company.

Customer/Agent

Enbridge Gas Inc.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_