



**GROUP TRANSPORTATION
GROUP ADMINISTRATOR REQUEST FOR
CURRENT MONTH BALANCE TRANSFER**

Consumers Energy Company
Attention: Gas Transportation Services Department
1945 West Parnall Road, Room P11-221
Jackson, MI 49201
E-mail: gasnomsys@cmsenergy.com

Fax: 517-788-1857

____ ("Transferor Group Administrator") hereby requests the transfer of ____ MMBtu from its Group Transportation Account Balance to the Group Transportation Account Balance of ____ ("Transferee Group Administrator") in the month of ____, _____. This request is in accordance with the Group Transportation Service Program ("Program"), Article G2.2D of Consumers Energy Company's Natural Gas Rate Book, as approved by the Michigan Public Service Commission.

The request must be received by Consumers Energy Company via e-mail or facsimile prior to 12:30 PM Eastern Clock Time one business day prior to the last business day of the month the transfer is to take place.

Transferor Group Administrator understands and agrees that any Group Transportation account imbalance penalties resulting from the debit of this transfer in the month requested will be the sole responsibility of Transferor Group Administrator. Transferee Group Administrator understands that there will be a \$500.00 charge assessed to the Transferee Group Administrator.

In the event the Program is terminated for any reason, Consumers Energy Company will give a thirty (30) days' notice to group administrators, and group administrators must transfer any gas retained by Consumers Energy Company to a transportation customer taking service under a Transportation Service Rate Schedule within sixty (60) days. If a group administrator has not withdrawn or transferred all of the gas retained by Consumers Energy Company within sixty (60) days, Consumers Energy Company will cash out the remaining balance to the group administrator at a rate of \$1.00 per Mcf.

TRANSFEROR GROUP ADMINISTRATOR

Title

Transferor Group Administrator

Authorized Signature

Address

Phone Number

City, State, Zip

Fax Number

TRANSFEEE GROUP ADMINISTRATOR

Title

Transferee Group Administrator

Authorized Signature

Address

Phone Number

City, State, Zip

Fax Number

Responses or questions by Consumers Energy Company should be made to:

Print Authorized Person's Name