

REX CHEYENNE HUB ENHANCEMENT OPEN SEASON BID FORM

COMPANY NAME: _____
 CONTACT NAME: _____ CONTACT PHONE #: _____
 CONTACT E-MAIL ADDRESS: _____
 TOTAL REQUESTED TRANSPORTATION QUANTITY: _____ Dth/d
 TERM START DATE: _____ TERM END DATE: _____
 MONTHLY NEGOTIATED RESERVATION RATE:
 \$ _____ /DTH PER MONTH

- OR -

MARK HERE _____ IF ELECTING TO PAY THE APPLICABLE TARIFF
 RECOURSE RATE CURRENTLY ESTIMATED TO BE \$2.72829 PER DTH PER
 MONTH (I.E., THE "MAX" RATE)

PLEASE WRITE IN REQUESTED RECEIPT AND DELIVERY POINT(S) AND INCLUDE
 VOLUME ON THE LINE NEXT TO EACH SELECTION.

RECEIPT NAME (PIN)	DELIVERY NAME (PIN)	VOLUME (Dth/d)

ALL PROSPECTIVE BIDDERS MUST EMAIL BIDS BY 4:00 P.M. CST ON SEPTEMBER
 26, 2017 TO REXOpenSeason@tallgrassenergyllp.com. BIDDERS WILL BE CONTACTED BY
 REX NO LATER THAN 4:00 P.M. CST ON FRIDAY, SEPTEMBER 29, 2017.

**BY SIGNING BELOW, THE BIDDER ACKNOWLEDGES THAT IT IS SUBMITTING A
 BINDING BID IN THE OPEN SEASON AND IT REPRESENTS AND WARRANTS THAT IT
 IS DULY AUTHORIZED TO DO SO.**

SIGNATURE _____

NAME _____

TITLE _____