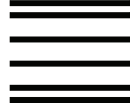
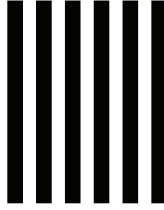




A Division of MDU Resources Group, Inc.

In the Community to Serve®

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 427 BISMARCK ND

POSTAGE WILL BE PAID BY ADDRESSEE

GREAT PLAINS NATURAL GAS CO
ATTN: CREDIT DEPARTMENT
PO BOX 5603
BISMARCK ND 58506-9904



Caring for someone else?

**Protect them from
service disconnection
with Third Party Notice.**



**The Third Party Notice program lets any
customer designate a relative, friend, church
or any community agency, to be notified
before service is cut off for non-payment.**

Would you like to be a designated Third Party?

Great Plains Natural Gas Co. (Great Plains) has a program available called "Third Party Notice." The purpose of the program is to help avoid any hardship which could result from disconnection of service by alerting a third party to such action in advance. This voluntary program would most benefit customers who are ill or elderly and live alone.

Under the "Third Party Notice" program, if it would be necessary to disconnect service due to nonpayment of past due bills, the customer as well as the designated third party would be notified prior to the disconnect date.

A third party can be a friend, relative, church or any community agency.

The designated third party will have the right to receive and provide information regarding the customer's personal circumstances.

Please talk with this third party before you tell Great Plains this person will help

you. The third party **will not** be responsible for payment of the customer's bill.

If your personal circumstances require that a third party be aware of a potential disconnection of your utility service, please complete and detach the form provided and return it to Great Plains as soon as possible. If you know of someone who might benefit from third party notification, please let them know of it.

As individual circumstances frequently may change, Third Party Notices are valid for **one year** only, and an annual renewal is required. Please complete the form and return it to Great Plains – even if you have done so before.

For information of public agencies and community organizations which may be able to assist in payment of winter utility bills, please call the telephone number found on your utility bill or write to Great Plains at PO Box 5603, Bismarck, ND 58506-5603.

Request For A Third Party Notification (To be valid for one year only and annual renewal is required.)

Customer Name: (Please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Account Number from Bill: _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is any member of your household 65 years of age or older? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have an emergency medical problem in your household? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is any member of your household physically handicapped? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is any member using a life sustaining appliance such as APNEA monitor or oxygen supplementer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you desire that the area social service office or other appropriate financial assistance agency be notified in the event of a proposed disconnect? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>You will also need to contact your local county social service office.</i> | | |
| 6. Do you desire that some other third party be contacted in the event of disconnect? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

GREAT PLAINS NATURAL GAS CO. has my permission to provide information to and accept information from the party named below.

Name of Third Party to be Notified: (Please print) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

If you are having difficulty paying your utility bill, please call the telephone number found on your utility bill or write to Great Plains at PO Box 5603, Bismarck, ND 58506-5603 so that we can work with you.

Customer Signature: _____ Date: _____

Complete all information, detach form, seal or tape postage-paid card, and mail to Great Plains as soon as possible.