

ESCO _____
Contact Person _____ Phone No. _____
Fax No. _____
E-Mail _____

Firm Primary Capacity Requirement: _____ (Dt/day)

Section I
Affidavit
(to be completed by ESCO's authorized representative)

STATE OF _____)
COUNTY OF _____) SS.:

_____ [NAME OF AUTHORIZED OFFICER], first being duly sworn,
represents, warrants, and says that:

I am _____ [TITLE] of _____ [NAME
OF CORPORATION] (ESCO) and am duly authorized by ESCO to execute this document.

[EITHER OR BOTH OF THE FOLLOWING PARAGRAPHS MAY APPLY. CROSS OUT THE
FOLLOWING PARAGRAPH IF ESCO HAS NO CONTRACTS FOR FIRM CAPACITY AND RELIES
ON BUNDLED PURCHASES FROM A WHOLESALE ESCO AT RG&E's CITY GATE TO SERVE ITS
FIRM LOAD:]

ESCO has the following capacity under contract for the term specified; said capacity is firm, non-
recallable capacity with a primary delivery point at RG&E's citygate; and ESCO will make such contracts
available for review by RG&E on reasonable notice during normal business hours:

Pipeline _____
Contract # _____
Contract Term _____
MDQ (Dt/day) _____

Pipeline _____
Contract # _____
Contract Term _____
MDQ (Dt/day) _____

Pipeline _____
Contract # _____
Contract Term _____
MDQ (Dt/day) _____

Pipeline _____
Contract # _____
Contract Term _____
MDQ (Dt/day) _____

Total Currently Held MDQ (Dt/day) _____

(Additional contracts listed on attached page(s). [CROSS OUT IF INAPPLICABLE]);

[CROSS OUT THE FOLLOWING PARAGRAPH IF ESCO DOES NOT RELY ON ANY BUNDLED
PURCHASES FROM A WHOLESALE ESCO AT RG&E's CITY GATE TO SERVE ITS FIRM LOAD:]

In addition to the foregoing contracts, [CROSS OUT THE PRECEDING PHRASE IF INAPPLICABLE] ESCO relies on service provided pursuant to the following contracts with other ESCOs (Upstream ESCOs) and has obtained from such Upstream ESCOs affidavits, in a form substantially similar to this Affidavit, confirming that the capacity being utilized by such Upstream ESCOs to provide service to ESCO covers the term specified, and that said capacity is firm, non-recallable capacity with a primary delivery point at RG&E's city gate:

Upstream ESCO _____	Upstream ESCO _____
Contract # _____	Contract # _____
Contract Term _____	Contract Term _____
MDQ (Dt/day) _____	MDQ (Dt/day) _____
Delivery Point _____	Delivery Point _____

(Additional contract(s) listed on attached page(s). [CROSS OUT IF INAPPLICABLE]);

The aforementioned affidavits of Upstream ESCOs are attached hereto.

Signature: _____
(ESCO Representative)

Date: _____

Title: _____

Sworn to before me this _____
day of _____, _____.

Notary Public

Section II

Upstream ESCO Affidavit

(to be completed by Upstream ESCO's authorized representative)

STATE OF _____)
COUNTY OF _____) SS.:

_____ [NAME OF AUTHORIZED OFFICER], first being duly sworn, deposes and says that:

I am _____ [TITLE] of _____ [NAME OF CORPORATION] (Upstream ESCO) and am duly authorized by Upstream ESCO to execute this document.

Upstream ESCO provides service to _____ [DOWNSTREAM ESCO] under the following contract(s) for the term(s) specified:

Downstream ESCO _____	Downstream ESCO _____
Contract # _____	Contract # _____
Contract Term _____	Contract Term _____
MDQ (Dt/day) _____	MDQ (Dt/day) _____
Delivery Point _____	Delivery Point _____

Upstream ESCO has sufficient firm, non-recallable capacity with a primary delivery point at RG&E's city gate to provide such service to Downstream ESCO for the term specified and such capacity is not, and will not be included in the quantity of firm, non-recallable capacity as to which Upstream ESCO is required to furnish an affidavit similar to the affidavit for any other Downstream ESCO whether such Downstream ESCO operates in the service area of RG&E or elsewhere.

Upstream ESCO has the following capacity under contract for the term specified; said capacity is firm, non-recallable capacity with a primary delivery point at RG&E's city gate; and Upstream ESCO will make such contracts available for review by RG&E on reasonable notice during normal business hours:

Pipeline _____	Pipeline _____
Contract # _____	Contract # _____
Contract Term _____	Contract Term _____
MDQ (Dt/day) _____	MDQ (Dt/day) _____
 Pipeline _____	 Pipeline _____
 Contract # _____	 Contract # _____
 Contract Term _____	 Contract Term _____
 MDQ (Dt/day) _____	 MDQ (Dt/day) _____

(Additional contract listed on attached page(s). [CROSS OUT IF INAPPLICABLE]);

Signature: _____
(ESCO Representative)

Date: _____

Sworn to before me this _____
day of _____, _____.

Notary Public