

EXHIBIT B

STANDARD OFFER PROVIDER INFORMATION

The Provider shall submit revisions to this document within 5 working days of any changes to the information herein.

Licensed Provider Name: _____

Corporate Address: _____

Dun & Bradstreet number: _____

Date of MPUC License: _____

Business contact: _____

Title: _____

Phone number: _____

Facsimile number: _____

E-mail address: _____

Technical EDI contact: _____

Title: _____

Phone number: _____

Facsimile number: _____

E-mail address: _____

<u>Dun's +4 Number :</u>	<u>Load Asset #:</u>	<u>ISO-NE</u>	<u>Effective Date:</u>	<u>for use</u>	<u>Description</u>
_____ + _____	_____	_____	_____	_____	_____
_____ + _____	_____	_____	_____	_____	_____
_____ + _____	_____	_____	_____	_____	_____

Authorized Signature: _____

Title: _____

Date: _____

