If the customer account number is not shown on the label, please enter it here.

Customer Account: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/

Now, please turn the page and answer the seven questions for the household identified above.

Completed forms are due by March 4, 2006. If you have any questions, please call (toll-free) 1-NNN-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed Answers to Frequently Asked Questions for more details concerning confidentiality and sanctions.

Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy
c/o The Contractor
Contractor’s Street Address
Contractor’s City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at (NNN) NNN-NNNN.

Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.
1. Please provide information on all deliveries to this household from October 1, 2004, to the present date.

<table>
<thead>
<tr>
<th>Delivery Number</th>
<th>Enter the Delivery Date (Month/Day/Year)</th>
<th>Circle the type of fuel sold To the household</th>
<th>Check the Unit of Measure for the Fuel Delivered to the Household&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Enter the Price per Unit (U.S. $0.00)</th>
<th>Enter the Total Dollar Amount (including taxes and other charges) for this Delivery&lt;sup&gt;b&lt;/sup&gt; (US$ 000.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>P B O</td>
<td></td>
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<tr>
<td>12</td>
<td></td>
<td>P B O</td>
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<tr>
<td>13</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>P B O</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>a</sup> Propane includes all products designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial propane and HD-5 propane. Butane is designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial butane. Other includes any liquefied petroleum gas (LPG) other than propane or butane. If the gas delivered is a mixture of propane and butane, circle “Other” and give the proportions of each in Question 2.

<sup>b</sup> Pound is a unit of weight equal to 16 ounces (7,000 grains); Gallon is a unit of liquid measure equal to 4 quarts (231 cubic inches); Cubic feet (cf) is a unit of volume equal to 1 cubic foot at a pressure base of 14.73 pounds standard per square inch absolute and a temperature base of 60 degrees Fahrenheit; Cubic meter is a unit of measure which equals 35.314 cubic feet; Decitherm is a unit of heat equal to 10,000 BTUs; Other includes delivery of cylinders.

b. Include in the Total Dollar Amount for this Billing Period all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). Exclude merchandise, repairs, and service charges. If the household is on the budget plan, do not provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

For Office Use Only:

<table>
<thead>
<tr>
<th>Fuel</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>CR</th>
<th>Reason</th>
<th>R/E</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>11-16</td>
<td>17-22</td>
<td>23</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Units</th>
<th>TPRs</th>
<th>First Company</th>
<th>Prs</th>
<th>FT</th>
<th>DC</th>
<th>Second Company</th>
<th>Prs</th>
<th>FT</th>
<th>DC</th>
<th>#S</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>38-39</td>
<td>40-45</td>
<td>46-47</td>
<td>48</td>
<td>49</td>
<td>50-55</td>
<td>56-57</td>
<td>58</td>
<td>59</td>
<td>71-72</td>
</tr>
</tbody>
</table>
If some other type of fuel was delivered to the household ("Other" was circled for type of fuel in Question 1), what fuel was sold? Write in the type of fuel on the lines below. If a mixture of fuels was sold, write in the types of fuels and the proportion of each.

________________________________________
________________________________________
________________________________________

What is the capacity of this household's storage tank(s)? Enter the capacity for the two largest tanks (if there is more than one) in the boxes below. Under each box, check the appropriate measure of capacity for each tank. If the capacity is not known, write "Not Known" in the box.

Tank #1
- Gallons
- Pounds
- Other (Specify)

Tank #2
- Gallons
- Pounds
- Other (Specify)

Was this household your customer as of January 1, 2005?

☐ Yes → Go to Question 5.
☐ No

If no, what was the date this household became a customer of your company? Enter the date in the box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box.

/ / Mth Day Year
/ / Mth Day Year

☐ Don't know the date
☐ Household was never a customer

What was the source of the information about deliveries to this household? Mark all sources of information that apply.

☐ From the company records
☐ An estimate made by a company representative
☐ Information secured from the customer

Please provide the following information for the person who completed this form. Please print.

Name:____________________________________
Company: _________________________________
Telephone: ________________________________
E-mail Address: ____________________________
Fax Number:_______________________________
Date:_____________________________________

USE THIS SPACE FOR ANY ADDITIONAL NOTES TO EXPLAIN YOUR ENTRIES ON THIS FORM

______________________________________________
______________________________________________
______________________________________________

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