AFFIDAVIT OF HUMAN NEEDS REQUIREMENTS

STATE OF ARKANSAS)	
COUNTY OF)	
Ι,,,,	
(Name)	(Title)
	attest to the following facts under
either paragraph A or B, as applicable, and furthermore am at	
(or, in the event no Board exists, the equivalent governing b	body) to give the following release
and indemnity.	
() A I contifer that the	facility language of
() A. I certify that the	facility located at
requirements of, MMBtu per day and that we have	, has human needs usage
maintain the corresponding level of firm upstream pipeline ca	
the entire time period of November 1 st through March 31 st	
Energy Resources Corp., d/b/a CenterPoint Energy Arkansas	The state of the s
firm pipeline capacity information directly from the applicable	* * * * * * * * * * * * * * * * * * *
the requisite level of capacity and that it is firm primary delive	
location required to serve my facility. I furthermore certification required to serve my facility.	• • • • • • • • • • • • • • • • • • • •
primary delivery point capacity for each day of the November	
If these certified arrangements should not be accurate, how	
capacity or upstream gas supply become insufficient for an	
Board of Directors or equivalent governing body to fully rel	· •
Gas and CenterPoint Energy Resources Corp. from any and a	
expenses, causes of action, and any and all liability associated	
failure or suspension of natural gas service for any period	*
CenterPoint Energy Arkansas Gas and CenterPoint Energy	
claims, causes of action, lawsuits, damages, costs, expenses,	
asserted by third parties as a result of the interruption, cur	
natural gas service for any period of time. Nevertheless, to the	· •
Affidavit shall in any manner serve to waive the sovereign im	11 ,

In the event of any change in circumstances pertaining to our upstream pipeline and upstream gas supply arrangements, I will immediately notify the appropriate person at the Company by sending a certified letter to the Company's Gas Flow Information Center at the following address:

CenterPoint Energy Resources Corp. d/b/a CenterPoint Energy Arkansas Gas Gas Flow Information Center 525 Milam Street, Room 207 Shreveport, Louisiana 71101 Telephone No.: 1-800-254-4342

Facsimile No.: 1-318-429-3986

() B. I certify that the	facility located at	
	has on hand a fully	
functioning	back-up energy system	
(Describe type of back-up system) that can replace natural	l gas as the energy source for all of the	
facility's human needs usage requirements. This back-	up system is also capable of being a	
continuing and sustaining source of energy for all of	of the facility's human needs usage	
requirements. Accordingly, on behalf of the Board of Directors or equivalent governing body, I		
hereby certify that we do not require firm pipeline capaci	ty and natural gas supplies to meet our	
facility's human needs usage requirements.		

We recognize that if all or any portion of our natural gas supply fails to reach the appropriate CenterPoint Energy Arkansas Gas delivery point, our natural gas service may be interrupted or curtailed. We acknowledge that the Company's sole responsibility to us is to redeliver to our facilities such gas supplies as we or our agents physically deliver to the Company's city gate, subject to the curtailment priority schedule (Policy Schedule No. 9) which will not categorize our facility as a human needs customer. In acknowledgement of these facts, should all or any portion of our natural gas supplies fail to reach the appropriate Company city-gate delivery point, I am authorized by the Board of Directors or equivalent governing body to fully release CenterPoint Energy Arkansas Gas and CenterPoint Energy Resources Corp. from any and all claims, lawsuits, damages, costs, expenses, causes of action, and any and all liability associated with the interruption, curtailment, failure or suspension of natural gas service for any period of time. We further indemnify CenterPoint Energy Arkansas Gas and CenterPoint Energy Resources Corp. from any and all claims, causes of action, lawsuits, damages, costs, expenses, and similar liability that might be asserted by third parties as a result of the interruption, curtailment, failure or suspension of natural gas service for any period of time. Nevertheless, to the extent applicable, nothing in this Affidavit shall in any manner serve to waive the sovereign immunity of the State of Arkansas.

In the event of any change in circumstances pertaining to our facility's energy backup system, I will immediately notify the appropriate person at the Company by sending a certified letter to the Company's Gas Flow Information Center at the following address:

CenterPoint Energy Resources Corp. d/b/a CenterPoint Energy Arkansas Gas Gas Flow Information Center 525 Milam Street, Room 207 Shreveport, Louisiana 71101 Telephone No.: 1-800-254-4342

Facsimile No.: 1-318-429-3986

In witness whereof, I have hereunto set my han	id this day of
·	
	Affiant
	Title
Subscribed and sworn to before me this day (SEAL)	of
My Commission Expires:	Notary Public