**Exhibit “B”**

**Great Lakes Canada Request for Early Reversion of Temporary Assignment**

**Assignor Information: Assignee Information:**

Assignee:       Assignor:

Assignee MNEC       Assignor MNEC

Contact Person:       Contact Person:

Telephone:       Telephone:

Fax:       Fax:

|  |  |  |  |
| --- | --- | --- | --- |
| **GLC** **Temporary Assignment Contract #** | **Start Date****Of Early Revert** | **Primary Delivery Point** | **Reverted Quantity (GJ/day)** |
|       |       |       |       |
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