INTERRUPTIBLE SERVICE CUSTOMER EMERGENCY CONTACT LIST FORM

| | Account Name: | | NW Natural Major Account Services |
|---------------------------------------|----------------------|-------|-------------------------------------------|
| NW Natural® | Address: | | 250 SW Taylor Street |
| | Account #: | | Portland, OR 97204 —— Phone: 503.721.2512 |
| CUSTOMER EMERGENCY CONTACT LIST AS OF | Base block Th/Day | Date: | |

Official emergency curtailment notification by NW Natural (NWN) will be done via e-mail, a telephone call, or text to authorized contact(s) listed below. Restoration notification will be posted at www.nwnatural.com.

Please supply a contact list that provides for 24-hour, 7-day-a-week notification of authorized contacts in the event of an emergency.

| Contact Name | Contact E-mail | Available Contact Hours | Text Capable Phone Number | Secondary Phone Number |
|--------------|----------------|-------------------------|---------------------------|---------------------------|
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FOR INTERRUPTIBLE CUSTOMERS ONLY:

Customer elects to receive natural gas service to this site under an interruptible rate schedule that is subject to curtailment upon no less than two-hours advance oral or written notice. Customer understands that during a curtailment period: (1) unless otherwise notified, gas usage must be reduced to zero therms within two hours of receipt of notice; (2) Customer is responsible for taking any and all steps to discontinue gas usage; (3) under most circumstances NWN will not come to Customer's site and physically valve off or disconnect gas service; (4) any gas used by Customer after the two-hour notice period will be subject to the unauthorized use charge in NWN's tariff; and (5) Customers with a Combination Service Type having a Firm base block will be allowed to take Firm Service up to the Customer's Firm MDDV. Amounts in excess of the Firm MDDV may be considered unauthorized and subject to charges.

I am authorized to provide this information on behalf of the account listed above

| | | | E-mail completed forms to |
|-----------|--------|-------|---------------------------|
| rint Name | Title: | Date: | MAST@nwnatural.com |

F-9003 (08/29/24)

Authorized Signature

Phone: