Please complete this worksheet and email to: Sergio.smilley@nationalgrid.com

The purpose of the Pre-Testing Worksheet is for trading partners to demonstrate they have met all necessary requirements to engage in Phase II or III EDI testing in New York. Utilities and E/Ms are required to transmit a completed worksheet to their trading partner(s) prior to entering a test queue and beginning testing. Submission of the worksheet in dicates that the trading partner has completed internal systems testing and achieved correct and accurate results, including testing with sufficient volumes to assure acceptable throughput to satisfy both trading partners' performance requirements.

| Identification & Contact Information |
|--------------------------------------|
| Company Name: |
| Company ID Number |
| Business Contact Name: |
| Contact Email: |
| Contact Phone: |
| Technical Contact #1: |
| Contact Email #1: |
| Contact Phone #1: |
| Technical Contact #2: |
| Contact Email #2: |
| Contact Phone #2: |
| Date: 9/25/2008 |

| Communications Information | | | | |
|--|--------------------------------|--------------------------------|--|--|
| | Test | Production | | |
| DUNS Number: | | | | |
| Note: When the same NGrid supplier Id code is assigned for NY and NE, the value must be uniquely identify NY and NE. | | | | |
| N1~SJ (N103 – Identification Code Qualifier) | 1, 9 or 24 | 1, 9 or 24 | | |
| N1~SJ (N104 – Identification Code) | DUNS, DUNS+4 or Federal Tax Id | DUNS, DUNS+4 or Federal Tax Id | | |
| Note: When an additional NGrid supplier Id code is needed, the value must be unique. | | | | |
| Common Code: | | | | |
| Note: This field must always be unique. | | | | |

| ICA C1/D | | | |
|---|--|-----------|---|
| ISA Sender/Receiver ID: | | | |
| Note: This field must be unique. | | | |
| GS Sender/Receiver ID: | | | |
| Note: When the same NGrid supplier Id code is assigned for NY and NE, the value must be uniquely identify NY and NE. | | | |
| Receiver URL Address: | | | |
| Sender IP Address: | | | |
| Port Number: | | | |
| Authentication ID: | | | |
| Authentication Password: | | | |
| PGP Public Keys will be provided via: | | | |
| Protocol Failure E-Mail : | | | |
| VAN Phone Number, if used: | | | |
| CGI Program Name: | | | |
| | | | |
| | | | ss processes your company is |
| | | | ss processes your company is |
| | ate of compliance. Add rows if no | | ss processes your company is Expected Date of Complian |
| operating with and the expected d | ate of compliance. Add rows if no | | |
| operating with and the expected d | ate of compliance. Add rows if no | | |
| operating with and the expected d | ate of compliance. Add rows if no | | |
| Description of Non-complianc | ate of compliance. Add rows if no | | |
| Description of Non-complianc NY EDI TOP Supplement 1 Exceptions to the Test Plan PH2 | e and Transaction Affected | ecessary. | Expected Date of Compliano PSC Case 98-M-0667 |
| Known Non-Compliance: Docu operating with and the expected description of Non-compliance NY EDI TOP Supplement 1 Exceptions to the Test Plan PH2 necessary Description of Test Plan Exceptions | e and Transaction Affected 2/PH3: Document any exceptions | ecessary. | Expected Date of Compliano PSC Case 98-M-0667 |
| Description of Non-complianc NY EDI TOP Supplement 1 Exceptions to the Test Plan PH2 necessary | e and Transaction Affected 2/PH3: Document any exceptions | ecessary. | PSC Case 98-M-0667 test plan. Add rows if |
| Description of Non-complianc NY EDI TOP Supplement 1 Exceptions to the Test Plan PH2 necessary | e and Transaction Affected 2/PH3: Document any exceptions | ecessary. | PSC Case 98-M-0667 test plan. Add rows if |

| supplement the EDI automated processes. | |
|---|--|
| Description of Manual Processes | |
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| | |

Manual Processes to be Used in Testing and Production: Document any manual processes you will be using to

Demonstration of Phase I X12 Certification: To gain entry to testing queues, each trading partner is required to provide copies of the following transaction files certified X12 compliant by PSC Staff.

| Transaction Required | Comments or Exceptions |
|------------------------------------|------------------------|
| TRANSACTION REQUIRED FROM UTILITY | - |
| 814 Enrollment Response | |
| 814 Drop | |
| 814 Drop Response | |
| 867 Historical Usage | |
| 867 Monthly Usage | |
| 814 Change | |
| 814 Change Response | |
| 248 Account Assignment | |
| 568 Accounts Receivable Advisement | |
| 810 Utility Rate Ready Invoice | |
| TRANSACTION REQUIRED FROM E/M | |
| 814 Enrollment | |
| 814 Drop | |
| 814 Drop Response | |
| 824 Application Advice | |
| 814 Change | |

NY EDI TOP Supplement 1

PSC Case 98-M-0667

Understanding Responsibilities: Please review the list below and document any exceptions or comments. Submitting this worksheet implies understanding with the item, unless otherwise noted.

| Understanding | Comments or Exceptions |
|---|-------------------------------|
| ALL PARTIES | |
| I understand that transactional testing will be conducted with a minimal amount of human intervention. | |
| I understand that the New York PSC retains dispute resolution responsibilities related to all levels of trading partner testing. | |
| I understand that I must complete Phase I pre-testing certification of all transactions prior to beginning testing with any trading partners. | |

| I understand that I must document any areas where I am not compliant with the standards and procedures of the NY EDI Collaborative and provide dates for when I will be compliant. | |
|--|--|
| I understand that I must provide trading partner EDI information to my trading partners prior to beginning testing with that trading partner. | |
| I understand that I must send 997/Functional Acknowledgements for all tests, and in production. | |
| I understand that I must document any scenarios of the test plan that I will NOT test (exceptions). | |
| UTILITY ONLY | |
| I understand that I must conduct regular test teleconferences with all E/Ms that I am currently testing with. | |
| E/M ONLY | |
| I understand that I must notify the Utility of the billing scenarios that I am currently offering. | |
| I understand that I must be an eligible, Phase I-certified E/M prior to beginning testing with any Utilities. | |
| I understand that I must keep up with the established test schedule of the Utility while in testing. | |
| I understand that I must participate in regular teleconferences conducted by the Utility while in testing. | |