

EXHIBIT A - IOWA

End User/Customer Transport Authorization Form

The undersigned End User/Customer hereby notifies Black Hills/Iowa Gas Utility Company, LLC d/b/a Black Hills Energy (Company") that the marketer named below is authorized as agent to receive information for each of the account numbers listed. End User authorizes marketer to execute any additional agreements with Company as required in accordance with the Company's current transportation requirements or tariff to facilitate delivery of gas to End User's facility. End User acknowledges that transportation service is subject to Company's General Rules and Regulations and Company's Transportation Services Terms and Conditions. End User shall remain primarily and ultimately responsible to Company for the charges applicable to transportation service regardless of whether End User designates a third party as End User's Pay Agent for receiving and paying the invoices. Company will adhere to this End User marketer selection until another End User marketer selection is submitted to Company or End User requests to go back to the sales rate.

Customer Information

Legal Name: _____
Mailing Address: _____
Contact Name: _____
Phone Number: _____ Fax Number: _____ Email: _____

Table with 2 columns: Account Number / Service Address. Rows 1-5 and 6-10.

DUE TO PRIVACY REQUIREMENTS, SEPARATE CUSTOMER CONSENT SIGNATURE REQUIRED: _____ Date ____/____/____

Consumption History - No Charge

End User authorizes Marketer to perform the items checked below for the accounts referenced above.
Transportation Service - Marketer will supply End User's Gas Cost and bill directly to End User(Firm or Interruptible status is unchanged)
I am a new transportation customer with no existing contract for services.
I am a current transportation customer and I understand that it is my responsibility to contact my current Marketer that I am requesting to cancel my contract with them. Effective __/__/__, I am requesting to move to _____(Marketer).
Signature _____ Printed Name _____ Date ____/____/____

Company Invoice Options for Transportation Service (*must choose one)

- *End User Acts as Pay Agent - End User will receive their Invoice(s) and submit payment to Company
*Marketer Acts as Pay Agent - Marketer will receive End User's Invoice(s) and submit payment to Company
Marketer Name: _____
Marketer Billing Address: _____
Marketer Authorized Signature: _____
*Other Entity Acts as Pay Agent - Other Entity will receive End User's Invoice(s) and submit payment to Company
Other Entity Name: _____
Other Entity Billing Address: _____
Other Entity Authorized Signature: _____
End User Receives Duplicate Bill
End User Invoice paid via EFT

Customer Authorization Signature: _____ Date: ____/____/____
Printed Authorization Name: _____

Marketer Information

Legal Name: _____ Effective Bill/NomMo/Yr ____/____/____
Mailing Address: _____
Contact Name: _____
Phone Number: _____ Fax Number: _____ Email: _____
Marketer Authorization Signature: _____ Date: ____/____/____
Printed Authorization Name: _____

By execution hereof, Pay Agent/Marketer confirms that it accepts its designation and appointment for customer and agrees to act as Pay Agent/Marketer in accordance with the terms hereof and the transportation service agreement(s) that Customer has executed.

Please fax the completed form to Company's Transportation Analyst at 402-829-2662