SOUTHERN NATURAL GAS COMPANY, L.L.C. IMBALANCE TRADING – AUTHORIZATION TO POST

Shipper Name and Address:			
Period of Trade Election:	Beginning Mo	onth:	Year:
	Ending Montl	n:	Year:
Shipper Contact Name:			
Contact Phone Number:			
Contact Fax Number:			
Imbalance to Be Posted:	Percentage: _		
	Volume:		
Authorization Indicator Desc	eription: Yes	No	
I hereby elect to post for tradindicated month(s).	e the imbalanc	e accrued on Souther	n Natural Gas for the
Authorized By (please print)	:		
Signature:			
Please complete and return to: Southern Natural Gas Company		Or fax to: Southern Natural G	as Company
Customer Accounting SNGCSAccountants@kindermorgan.com		Customer Accounting (205) 325-3587	

If you have questions, please contact your Account Manager or Customer Accounting at (205) 325-7675.

SNG PF04