EXHIBIT B

STANDARD OFFER PROVIDER INFORMATION

The Provider shall submit revisions to this document within 5 working days of any changes to the information herein.

Licensed Provider Name:			
Corporate Address:			
Dun & Bradstreet number:			
Date of MPUC License:			
Business contact:			
Title:			
Phone number	:		
Facsimile num	ber:		
E-mail addres	s:		
Technical EDI contact:			
Title:			
Phone number	:		
Facsimile num	ber:		
E-mail addres	s:		
Dun's +4 Number:	ISO-NE Load Asset #:	Effective Date:	Description _for use:
+	<u> </u>		
+			
+			
Authorized Signature:			
Title:			

Date:
