**Attestation for Exceptional Fuel Cost Submission**

|  |  |
| --- | --- |
| Date Completed |  |
| Operating Day(s) Impacted |  |
| Generation Resource(s) Impacted |  |
| **QSE Information** |   |
|  Name |  |
|  Duns Number |  |

By signing below, the undersigned QSE affirms that, as of the date listed below and to the best of the undersigned's knowledge:

1. The Exceptional Fuel Cost submission is complete, true, and correct;
2. The costs claimed are for intraday or same-day gas that was required to be purchased for operation of one or more Generation Resources on the Operating Day(s) impacted;
3. All Exceptional Fuel Costs listed in this submission are accurate; and,
4. No fixed costs were included in this submission as described in ERCOT Protocol Section 4.4.9.4.1 Mitigated Offer Cap, paragraph (1)(f)(ii).

|  |
| --- |
| **QSE Authorized Representative** |
| Signature: |
| Printed Name: |
| Title: |
| Date: |
| E-mail Address: |
| **Primary Contact Regarding the Exceptional Fuel Cost Submittal** |
| Signature: |
| Printed Name: |
| Title: |
| Phone Number: |
| E-mail Address: |