

REQUEST FOR PAYMENT - BAY STATE COMPANIES

Special Handling Instructions

REMITTER TRC

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	
Request Date:	10/20/06		Invoice Date:	10/01/06
PO #:				
Invoice #:	10017			
Payee:	Dispute Resolution Management, INC.			
Remit to Address:	10 West Broadway			
Remit to City, State, Zip Code:	Salt Lake City, Utah 84101-1917			
Total Payment:	\$160.98			

WIRE		ACH	
If Wire or ACH, please fill out the information directly below.			
Bank Account:			
ABA #:			

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):	A/P DPT USE ONLY - REC'D
Payment of invoice for Consulting Services at our NH and ME sites. Document Courier Cost to St. Paul Insurance Company in conjunction with settlement negotiations from the late 1960's.	

If Total Payment is different than the actual invoice amount, please give reason below:

Invoice Amount (if different than total payment)	
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PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
<small>The approval levels referenced are general guidelines - please see the approval policy for exceptions</small>	Jena LaCroix	<i>Jena LaCroix</i>	508-836-7354
	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=\$10,000	<i>Robert Cleary</i>	Robert Cleary
Manager / Lead Counsel / Attorney	general approval <=\$50,000		
Director / Segment Controller	general approval <=\$100,000		
VP / President / General Manager	general approval <=\$300,000		
NiSource Executive Vice President	general approval >\$300,000		
CEO			
	Title	<i>"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy</i>	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06900	518225	0019	1645		\$40.25
2	76	06900	642605		1645		\$40.25
3	77	05900	518225	0013	1645		\$80.48

DISPUTE RESOLUTION MANAGEMENT, INC.



Invoice

BILL TO

NiSource Corporate Services
James H. Keshian
Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.

10 West Broadway
Suite 311
Salt Lake City, Utah 84101
E.I.N. 87-0565697

DATE INVOICE #
10/1/2006 10017

DESCRIPTION	AMOUNT
Courier	155.95
Phone	5.03

Amount Due

\$160.98

OK
RKC

Denver
27902 Meadow Drive
Suite 340
Evergreen, CO 80439
Telephone 303-674-6712
Facsimile 303-674-6726

Houston
404 Oxford Street
Suite 1209
Houston, TX 77007
Telephone 713-686-6696
Facsimile 713-686-9995

Philadelphia
One Cherry Hill Mall Drive
Suite 614
Cherry Hill, NJ 08002
Telephone 856-667-5710
Facsimile 856-667-5709

Portland
513 S.W. Valeria View Drive
Suite 201
Portland, OR 97225
Telephone 503-646-6182
Facsimile 503-646-6184

Salt Lake City
10 West Broadway
Suite 311
Salt Lake City, UT 84101
Telephone 801-355-1444
Facsimile 801-355-7942

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REQUEST FOR PAYMENT - BAY STATE COMPANIES				
CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	
Request Date:	11/20/06		Invoice Date:	11/01/06
PO #:				
Invoice #:	10018			
Payee:	Dispute Resolution Management, INC.			
Remit to Address:	10 West Broadway			
Remit to City, State, Zip Code:	Salt Lake City, Utah 84101-1917			
Total Payment:	\$163.60			

Special Handling Instructions			
WIRE		ACH	
If Wire or ACH, please fill out the information directly below.			
Bank Account:			
ABA #:			

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s):	A/P DPT USE ONLY - RECVD
Payment of invoice for Consulting Services at our NH and ME sites. Document Courier Cost to St. Paul Insurance Company in conjunction with settlement negotiations from the late 1960's.	

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Invoice Amount (if different than total payment)	
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REQUIRED:	Requestor's Printed Name (required)	Requestor's Signature (required)	Requestor's Phone Number (required)
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	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=\$10,000	<i>Robert Cleary</i>	Robert Cleary
Manager / Lead Counsel / Attorney	general approval <=\$50,000		
Director / Segment Controller	general approval <=\$100,000		
VP / President / General Manager	general approval <=\$300,000		
NiSource Executive Vice President	general approval >\$300,000		
CEO			
	Title	<i>"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy</i>	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR							
line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06900	518225	0019	1645		\$40.90
2		06900	642605		1645		\$40.90
3	77	05900	518225	0013	1645		\$81.80

DISPUTE RESOLUTION MANAGEMENT, INC.



Invoice

BILL TO

NiSource Corporate Services
James H. Keshian
Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.

10 West Broadway
Suite 311
Salt Lake City, Utah 84101
E.I.N. 87-0565697

DATE	INVOICE #
11/1/2006	10018

DESCRIPTION	AMOUNT
Courier	2.20
Copies	161.40

Amount Due \$163.60

Denver
27902 Meadow Drive
Suite 340
Evergreen, CO 80439
Telephone 303-674-6712
Facsimile 303-674-6726

Houston
404 Oxford Street
Suite 1209
Houston, TX 77007
Telephone 713-686-6696
Facsimile 713-686-9995

Philadelphia
One Cherry Hill Mall Drive
Suite 614
Cherry Hill, NJ 08002
Telephone 856-667-5710
Facsimile 856-667-5709

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513 S.W. Valeria View Drive
Suite 201
Portland, OR 97225
Telephone 503-646-6182
Facsimile 503-646-6184

Salt Lake City
10 West Broadway
Suite 311
Salt Lake City, UT 84101
Telephone 801-355-1444
Facsimile 801-355-7942

DISPUTE RESOLUTION MANAGEMENT, INC.



Statement

11/1/2006

NiSource Corporate Services
James H. Keshian
Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.
10 West Broadway
Suite 311
Salt Lake City, Utah 84101
E.I.N. 87-0565697

DATE	DESCRIPTION	AMOUNT	BALANCE
10/01/2006	Balance forward		197.37
11/01/2006	INV #10018.	163.60	360.97

AMOUNT DUE

\$360.97

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE
163.60	0.00	160.98	36.39	0.00

Denver
27902 Meadow Drive
Suite 340
Evergreen, CO 80439
Telephone 303-674-6712
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Houston
404 Oxford Street
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Telephone 713-686-6696
Facsimile 713-686-9995

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Salt Lake City
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Suite 311
Salt Lake City, UT 84101
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REQUEST FOR PAYMENT - BAY STATE COMPANIES

Special Handling Instructions

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	

Request Date:	12/04/06	Invoice Date:	12/01/06
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PO #: _____

Invoice #: **10019**

Payee: **Dispute Resolution Management, INC.**

Remit to Address: **10 West Broadway**

Remit to City, State, Zip Code: **Salt Lake City, Utah 84101-1917**

Total Payment: **\$45.28**

WIRE		ACH	
If Wire or ACH, please fill out the information directly below.			
Bank Account:			
ABA #:			

Description of Charges - if description exceeds space provided, please submit on a separate sheet(s): **A/P DPT USE ONLY - RECV'D**

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Invoice Amount (if different than total payment) _____

PLEASE REFERENCE THE DISBURSEMENT APPROVAL POLICY FOR A COMPLETE LIST OF PROPER APPROVAL LEVELS *

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	Approval Levels 02/01/05	SIGNATURE (required)	PRINTED NAME (required)
Supervisor / Team Lead / Resource Planner	general approval <=\$10,000	<i>Robert K. Cleary</i>	Robert Cleary
Manager / Lead Counsel / Attorney	general approval <=\$50,000		
Director / Segment Controller	general approval <=\$100,000		
VP / President / General Manager	general approval <=\$300,000		
NiSource Executive Vice President	general approval >\$300,000		
CEO			
	Title	<i>"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy</i>	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06900	518225	0019	1645		\$11.32
2	76	06900	642605		1645		\$11.32
3	77	05900	518225	0013	1645		\$22.64

DISPUTE RESOLUTION MANAGEMENT, INC.



Invoice

BILL TO

NiSource Corporate Services
James H. Keshian
Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.

10 West Broadway
Suite 311
Salt Lake City, Utah 84101
E.I.N. 87-0565697

DATE	INVOICE #
12/1/2006	10019

DESCRIPTION	AMOUNT
Copies Copies of environmental info to send to St. Paul Insurance Company	45.28

Amount Due \$45.28

Denver
27902 Meadow Drive
Suite 340
Evergreen, CO 80439
Telephone 303-674-6712
Facsimile 303-674-6726

Houston
404 Oxford Street
Suite 1209
Houston, TX 77007
Telephone 713-686-6696
Facsimile 713-686-9995

Philadelphia
One Cherry Hill Mall Drive
Suite 614
Cherry Hill, NJ 08002
Telephone 856-667-5710
Facsimile 856-667-5709
128

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Portland, OR 97225
Telephone 503-646-6182
Facsimile 503-646-6184

Salt Lake City
10 West Broadway
Suite 311
Salt Lake City, UT 84101
Telephone 801-355-1444
Facsimile 801-355-7942

REQUEST FOR PAYMENT - BAY STATE COMPANIES

Special Handling Instructions

CASH VOUCHER	GSG - #73	NUM - #76	NUN - #77	BSM - #80
		X	X	
Request Date:	01/10/07		Invoice Date:	01/02/07
PO #:				
Invoice #:	10020			
Payee:	Dispute Resolution Management, INC.			
Remit to Address:	10 West Broadway			
Remit to City, State, Zip Code:	Salt Lake City, Utah 84101-1917			
Total Payment:	\$25.22			

WIRE	<input type="checkbox"/>	ACH	<input type="checkbox"/>
If Wire or ACH, please fill out the information directly below.			
Bank Account:			
ABA #:			

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NiSource Executive Vice President	general approval >\$300,000		
CEO			
	Title	<i>"Other" must have authorized authority as per the Corporate Disbursement Approval Levels Policy</i>	
OTHER			

ACCOUNT CLASSIFICATION - MUST BE FILLED OUT BY THE REQUESTOR

line #	CO	COST CTR	ACCOUNT #	Sub Acct#	COST CAT	WO#	AMOUNT
1	76	06900	518225	0019	1645		\$6.31
	76	06900	642605		1645		\$6.31
3	77	05900	518225	0013	1645		\$12.60

DISPUTE RESOLUTION MANAGEMENT, INC.



Invoice

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Senior Attorney
300 Friberg Parkway
Westborough, MA 01581

Dispute Resolution Management, Inc.

10 West Broadway
Suite 311
Salt Lake City, Utah 84101
E.I.N. 87-0565697

DATE	INVOICE #
1/2/2007	10020

DESCRIPTION	AMOUNT
Courier shipment to St. Paul Insurance Company	25.22

Amount Due \$25.22

Denver
27902 Meadow Drive
Suite 340
Evergreen, CO 80439
Telephone 303-674-6712
Facsimile 303-674-6726

Houston
404 Oxford Street
Suite 1209
Houston, TX 77007
Telephone 713-686-6696
Facsimile 713-686-9995

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