

November 1, 2007

Mr. John Lawton
City Manager
City of Great Falls
P. O. Box 5021
Great Falls, MT 59403

RECEIVED

NOV 05 2007

CITY MANAGER

Dear John:

Thank you for taking my call last Friday, October 26, 2007, regarding the action of the Benefis Healthcare System Board of Directors relative to the City's proposal for a long-term energy contract.

As I noted, the Benefis Board voted to not commit at this time to the proposed 30-year contract for energy purchases. As I noted, our current Electric City Power, Inc. contract runs through June 2011. We intend to use this time to more fully evaluate our energy needs and purchase options in preparation for the end of that contract.

Thank you for extending the opportunity to Benefis Healthcare to commit to the long-term energy contract proposed by Electric City Power, Inc.

Sincerely,



Laura L. Goldhahn, FACHE
Hospital President

/dbb

Copy to: John Goodnow

ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: 6-15-05
Customer # _____ Location ID #: _____
Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 1203 28TH ST S #85 Meter ID #: ES11973085
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

**Phone number where our service representative can contact you promptly between
8:00am and 5:00 pm Monday – Friday

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Consumer and ECP agrees to abide by all statutes and all rules and regulation of the Montana Public Service Commission (PSC) and of ECP's governing use of the electricity delivered; and all such rules and regulations are hereby incorporated by reference and made a part of this contract. Specific rules and regulations are stated in the Montana Code Annotated, Title 69, Chapters 8, Electric Utility Industry Restructuring and the administrative rules of the Montana Public Service Commission.

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\$0.0443390	thru 6/30/2007
\$0.0447824	thru 6/30/2008
\$0.0452302	thru 6/30/2009
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IN WITNESS WHEREOF the parties do hereby execute this contract.

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Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 1101 26TH ST S #ERADDN Meter ID #: DG93770292
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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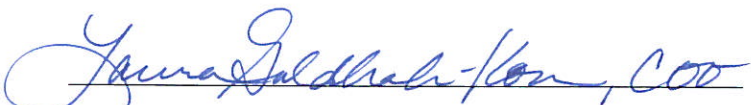
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Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 1101 26TH ST S Meter ID #: DG16561265
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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Property Address: 3210 10TH AVE S Meter ID #: DD38292740
Mail To: BENEFIS HEALTHCARE
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 James Goldbach-Kar COO

Signature

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Property Address: 2526 10th AVE S Meter ID #: EW65622032
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
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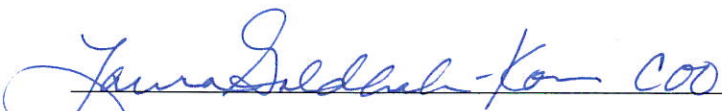
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Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 1101 26TH ST S Meter ID #: DD34104414
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
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Property Address: 26TH ST & 15TH AVE S Meter ID #: EW68001328
Mail To: BENEFIS HEALTHCARE
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Mail To: BENEFIS HEALTHCARE
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\$0.0439000	Initial Offer thru 6/30/2006
\$0.0443390	thru 6/30/2007
\$0.0447824	thru 6/30/2008
\$0.0452302	thru 6/30/2009
\$0.0456825	thru 6/30/2010
\$0.0461393	thru 6/30/2011

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This contract shall inure the benefit on and be binding upon the property owner for the full term of this contract.

IN WITNESS WHEREOF the parties do hereby execute this contract.

 6-15-05
Signature Date

ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____
Customer # _____ Location ID #: _____
Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 2800 11TH AVE S Meter ID #: DG97105460
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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\$0.0452302	thru 6/30/2009
\$0.0456825	thru 6/30/2010
\$0.0461393	thru 6/30/2011

ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT
SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____
Customer # _____ Location ID #: _____
Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 26TH ST & 11TH AVE S Meter ID #: ES95295203
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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\$0.0447824	thru 6/30/2008
\$0.0452302	thru 6/30/2009
\$0.0456825	thru 6/30/2010
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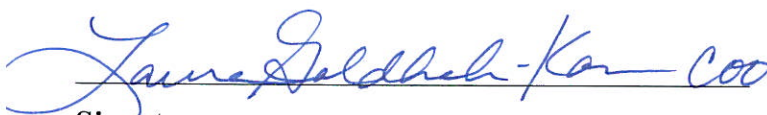
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 COO 6-15-05

Signature

Date

ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT

TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____

Customer # _____ Location ID #: _____

Owner: BENEFIS HEALTHCARE SSN/Tax ID #: # 81-0232122

Authorized Personnel: _____ SSN/Tax ID #: _____

Property Address: 26TH ST & 11TH AVE S Meter ID #: DD39729229

Mail To: BENEFIS HEALTHCARE

Mail Address: PO BOX 5013

Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____

Customer # _____ Location ID #: _____

Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122

Authorized Personnel: _____ SSN/Tax ID #: _____

Property Address: 1101 26TH ST S Meter ID #: ED38273396

Mail To: BENEFIS HEALTHCARE

Mail Address: PO BOX 5013

Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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ELECTRIC CITY POWER
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Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____
Customer # _____ Location ID #: _____
Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 125 NORTHWEST Meter ID #: ED24217741
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT

TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____

Customer # _____ Location ID #: _____

Owner: BENEFIS HEALTHCARE SSN/Tax ID #: # 81-0232122

Authorized Personnel: _____ SSN/Tax ID #: _____

Property Address: 125 NORTHWEST BYP Meter ID #: DG93700343

Mail To: BENEFIS HEALTHCARE

Mail Address: PO BOX 5013

Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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IN WITNESS WHEREOF the parties do hereby execute this contract.

Jane Goldhal-Ko COO 6-15-05

Signature

Date

ELECTRIC CITY POWER
City of Great Falls
#2 Park Drive, PO Box 5021
Great Falls, MT 59403
(406)455-8484

REQUEST FOR ELECTRIC UTILITY SERVICE

INITIAL CONTRACT
TERM OF CONTRACT

SEPTEMBER 1, 2005 THROUGH JUNE 30, 2011

Date: _____
Customer # _____ Location ID #: _____
Owner: BENEFIS HEALTHCARE SSN/Tax ID #: 81-0232122
Authorized Personnel: _____ SSN/Tax ID #: _____
Property Address: 400 15TH AVE S Meter ID #: DG15071508
Mail To: BENEFIS HEALTHCARE
Mail Address: PO BOX 5013
Mail City, State, and Zip: GREAT FALLS, MT 59403-5013 Phone: 406-727-3333

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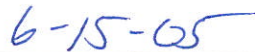
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