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THE STATE CORPORATION COMMISSION OF KANSAS

SCHEDULE _____

(Name of Issuing Utility)

Replacing Schedule _____ Sheet _____

(Territory to which schedule is applicable)

which was filed _____

No supplement or separate understanding shall modify the tariff as shown hereon.

Sheet 1 of _ Sheets

[Large empty rectangular box for schedule content]

Issued _____
Month Day Year

Effective _____
Month Day Year

By _____
Signature of Officer Title