Exhibit B: Expedited/Standard Process Interconnection Application

Instructions

If you wish to submit an application to interconnect a generating facility using the Expedited or Standard Process, please fill out all five pages of the attached application form, sign and attach the supporting documentation requested. (Applicant may recreate the application form, being sure to include all requested information in a similar format.)

Contact Information: You must provide as a minimum the contact information of the legal applicant. If another party is responsible for interfacing with the Company, you may optionally provide their contact information as well.

Ownership Information: Please enter the legal names of the owner or owners of the generating facility. Include the percentage ownership, if any, by any utility, utility affiliate or public utility holding company.

Prime Mover: Indicate which type of device will be powering the generator from this list: reciprocating engine, microturbine, gas turbine, steam turbine, fuel cell, wind turbine, photovoltaic panel, or other (please specify).

Energy Source: Indicate the energy source to be used by the prime mover from this list: solar, wind, diesel, biodiesel, natural gas, landfill gas, biogas, propane, or other (please specify).

UL1741 Listing: This standard ("Inverters, Converters, and Controllers for Use in Independent Power Systems") addresses the electrical interconnection design of various forms of generating equipment. Many manufacturers choose to submit their equipment to a Nationally Recognized Testing Laboratory (NRTL) that verifies compliance with UL1741. This "listing" is then marked on the equipment and supporting documentation.
Exhibit B - cont.

Expedited/Standard Process Interconnection Application

Contact Information

Legal name and address of Interconnecting Customer (Applicant):
Name: ________________________________
Mailing Address: ________________________________
City: ___________________ State: __________ Zip Code: __________
Telephone (Daytime): ________________________ (Evening): ________________________
Facsimile Number: ________________________ E-Mail Address: ________________________

Alternative Contact Information (if different from Applicant)
Name: ________________________________
Mailing Address: ________________________________
City: ___________________ State: __________ Zip Code: __________
Telephone (Daytime): ________________________ (Evening): ________________________
Facsimile Number: ________________________ E-Mail Address: ________________________
Ownership (include % ownership by any electric utility, affiliate or holding company):
____________________________________

Facility Information

Street Address or Physical Location: ________________________________
Midwest Energy Account Number: __________
Type of Generating Unit (Circle One): Synchronous Induction Inverter
Manufacture: __________________ Model: __________________
Nameplate Rating: _____ (KW) _____ (kVAR) _____ (Volts)
____ Single or ____ Three Phase
Prime Mover (Pick one from list on instruction sheet.)
Energy Source (Pick one from list on instruction sheet.)
UL1741 Listed? Yes ____ No _____
Certified in California or New York? Yes ____ No _____ (Attach documentation.)
Estimated Installation Date: __________________ Estimated In-Service Date: __________________
Agreement Desired By: ________________________________
I hereby certify that, to the best of my knowledge, all information provided in this application, including attached technical detail, is true:
____________________________________
Interconnecting Customer Signature Title Date:

The information provided in this application is complete:
The Company Signature: __________________ Date: __________________

Issued ____________________________
Month Day Year

Effective Upon Approval by Commission ____________________________
Month Day Year

By ________________________________
Earnest L. Lehman Signature of Officer Title

04-01ME-080-6JE
Kansas Corporation Commission
May 27, 2004
/JS/ Susan K. Duffy

FORM RF
THE STATE CORPORATION COMMISSION OF KANSAS
MIDWEST ENERGY, INC.
(Name of Issuing Utility)
Company Wide
(Territory to which schedule is applicable)

No supplement or separate understanding shall modify the tariff as shown hereon.
Exhibit B - cont.

Generating Facility Technical Detail

List components of the facility that are currently certified and/or listed to national standards.

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
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<td></td>
</tr>
</tbody>
</table>

Total Number of Generating Units in Facility ______

Generator Unit Power Factor Rating: ______

Max Adjustable Leading Power Factor ______ Max Adjustable Lagging Power Factor ______

Generator Characteristic Data (for all inverter-based machines)

Max Design Fault Contribution Current ______ Instantaneous ______ or RMS ______?

Harmonics Characteristics: ____________________________

Start-up power requirements: ____________________________

Generator Characteristic Data (for all rotating machines)

Rotating Frequency: ______ (rpm) Neutral Grounding Resistor (If Applicable): ______

Additional Information for Synchronous Generating Units

Synchronous Reactance, Xd: ______ (PU) Transient Reactance, X’d: ______ (PU)

Subtransient Reactance, Xm: ______ (PU) Neg Sequence Reactance, Xγ: ______ (PU)

Zero Sequence Reactance, Xo: ______ (PU) KVA Base: ______

Field Voltage: ______ (Volts) Field Current: ______ (Amps)

Additional information for Induction Generating Units

Rotor Resistance, Rr: ______ Stator Resistance, Rs: ______

Rotor Reactance, Xr: ______ Stator Reactance, Xs: ______

Magnetizing Reactance, Xm: ______ Short Circuit Reactance, Xd*: ______

Exciting Current: ______ Temperature Rise: ______

Frame Size: ______

Total Rotating Inertia, H: ______ Per Unit on KVA Base: ______

Reactive Power Required In Vars (No Load): ______

Reactive Power Required In Vars (Full Load): ______
THE STATE CORPORATION COMMISSION OF KANSAS

MIDWEST ENERGY, INC.
(Name of Issuing Utility)
Company Wide
(Territory to which schedule is applicable)

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

Sheet 4 of 6 Sheets

Exhibit B - cont.

Reactive Power Required In Vars (Full Load):
Reactive Compensation Installed (Vars)
Compensation Switched? ___ Yes ___ No  Automatically Switched? ___ Yes ___ No

<table>
<thead>
<tr>
<th>Output Level</th>
<th>Compensation (kVARS)</th>
<th>Power Factor @ PCC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0% Output</td>
<td></td>
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<tr>
<td>25% Output</td>
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<tr>
<td>50% Output</td>
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<tr>
<td>75% Output</td>
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<tr>
<td>Full Output</td>
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</tbody>
</table>

Additional information for Induction Generating Units that are started by motoring
Motoring Power: _____ (KW)  Design Letter: _____

Interconnection Equipment Technical Detail
Will a transformer be used between the generator and the point of interconnection? Yes ___ No ___
Will the transformer be provided by Interconnecting Customer? Yes ___ No ___
Transformer Data (if applicable, for Interconnecting Customer-Owned Transformer):
Nameplate Rating: _____ (kVA)  Single ____ or Three ____ Phase
Transformer Impedance: _____ (%) on a _____ KVA Base
If Three Phase:
Transformer Primary: _____ (Volts)  Delta ____ Wye ____ Wye Grounded ____ Other
Transformer Secondary: _____ (Volts)  Delta ____ Wye ____ Wye Grounded ____ Other
Transformer Fuse Data (if applicable, for Interconnecting Customer-Owned Fuse):
(Attach copy of fuse manufacturer’s Minimum Melt & Total Clearing Time-Current Curves)
Manufacturer: __________________ Type: ______ Size: ______ Speed: _______
Interconnecting Circuit Breaker (if applicable):
Manufacturer: ______ Type: ______ Load Rating: ______ Interrupting Rating: ______
(Amps)  Trip Speed: ______ (Cycles)

Issued _______ Month _______ Day _______ Year _______
Effective _______ Month _______ Day _______ Year _______

By __________________ Signature of Officer _______
Earnest A. Lehman  President

04-GINE-030-GIE
Approved  PR
Kansas Corporation Commission
May 27, 2004
PS/ Susan K. Duffy
Exhibit B - cont.

Interconnection Protective Relays (if applicable):

(If microprocessor-controlled)

List of Functions and Adjustable Set points for the protective equipment or software:

<table>
<thead>
<tr>
<th>Set Point Function</th>
<th>Minimum</th>
<th>Maximum</th>
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<tbody>
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</table>

(If discrete components)

(Enclose copy of any proposed Time-Overcurrent Coordination Curves)

Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______
Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______
Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______
Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______
Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______
Manufacturer: ______ Type: ______ Style/Catalog No.: ______ Proposed Setting: ______

Current Transformer Data (if applicable):

(Enclose copy of Manufacturer’s Excitation & Ratio Correction Curves)

Manufacturer: ______ Type: ______ Accuracy Class: ______ Proposed Ratio Connection: ______
Manufacturer: ______ Type: ______ Accuracy Class: ______ Proposed Ratio Connection: ______

Potential Transformer Data (if applicable):

Manufacturer: ______ Type: ______ Accuracy Class: ______ Proposed Ratio Connection: ______
Manufacturer: ______ Type: ______ Accuracy Class: ______ Proposed Ratio Connection: ______

General Technical Detail

Enclose three copies of site electrical One-Line Diagram showing the configuration of all generating facility equipment, current and potential circuits, and protection and control schemes with a registered professional engineer (PE) stamp.

Enclose three copies of any applicable site documentation that indicates the precise physical location of the proposed generating facility (e.g., USGS topographic map or other diagram or documentation).
Exhibit B - cont.

Proposed Location of Protective Interface Equipment on Property:
(Include Address if Different from Application Address)

Enclose copy of any applicable site documentation that describes and details the operation of the protection and control schemes.

Enclose copies of applicable schematic drawings for all protection and control circuits, relay current circuits, relay potential circuits, and alarm/monitoring circuits (if applicable).

Please enclose any other information pertinent to this installation.