



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>	06/01/2015		
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>			
<b>Title of the project/programme of activities:</b>	HPP José Luiz Müller de Godoy Pereira (JUN1173), Brazil		
<b>Project/programme of activities reference number:</b> <i>(if available)</i>	10028		
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>			
Notes:			
<ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>			
<b>Name of entity:</b> Foz do Rio Claro Energia S.A.			
<b>Address:</b> Av. Dr. Cardoso de Melo 1955, 9th floor 04548-005 São Paulo - SP Brazil			
<b>This entity is nominated as a focal point with the authority to:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>	<b>X</b>		
<b>(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures</b>	<b>X</b>		
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>			
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Salles	Telephone 1:		
First name: Thiago	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Pelicer	Telephone 1:		
First name: Joao Carlos	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:	Date (dd/mm/yyyy):		
Is this entity changing its name?	<b>No</b>		
Former entity name, if applicable:			
Is this entity also a project participant?	<b>Yes</b>		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>		

<b>Name of entity:</b> Carbotrader Assessoria e Consultoria em Energia Eireli					
<b>Address:</b> St. Maestro Manoel Antikeira 90 13216-310 Jundiaí - SP Brazil					
<b>This entity is nominated as a focal point with the authority to:</b>			<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>					
<b>(b) Communicate in relation to requests for addition and/or voluntary withdrawal of project participants and focal points, as well as changes to company names, legal status, contact details and specimen signatures</b>					
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>			<b>X</b>		
<b>Contact details (primary authorized signatory):</b>		Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>			
Last name: Clessie de Moraes		Telephone 1:			
First name: Arthur Augusto		Telephone 2 (optional):			
Email:		Fax (optional):			
Specimen signature:		Date (dd/mm/yyyy):			
Is this entity changing its name?		<b>No</b>			
Former entity name, if applicable:					
Is this entity also a project participant?		<b>No</b>			
If the entity is also a project participant, do the same signatories represent it in its project participant role?					