Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission: 01/07/2009

### Section 1: Project Details

1. **Title of the CDM project activity**
   - Electric Power Co-Generation by LDG Recovery – CST - Brasil

2. **Please state project ID Number if available**
   - 0184

### Section 2: Nomination of Focal Point

3. **Details of the entity/ies nominated as focal point**

   **Notes:**
   - **Sole Focal Point authority** - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.
   - **Shared Focal Point authority** - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.
   - **Joint Focal Point authority** - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

   **Name of the entity:**
   - ArcelorMittal Brasil S.A.

   **This entity is nominated as focal point for:**
   - **Sole**
   - **Shared**
   - **Joint**

   **(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation-forwarding of CERs**
   - X

   **(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company’s name and legal status, addresses etc.**
   - X

   **(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project**
   - X

   **Contact details (primary authorized signatory):**
   - **Mr.**
   - **Last name:** Rossi
   - **Telephone:**
   - **First name:** Luiz Antonio
   - **Fax:**
   - **Email:**
   - **Address:**

   **Specimen signature:**

   **Contact details (alternate authorized signatory):**
   - **Telephone:**
   - **Fax:**
   - **Address:**

   **Specimen signature:**