

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		24/05/2012					
Section 1: Pr	oject Details						
1. Title of the CDM project activity	Dukouba 129MW Hydropower	Project in	n Chongqii	ng City			
2. Please state project ID Number if available	4102						
Section 2: Nomina	tion of Focal Point						
3. Details of the entity/ies nominated as focal point							
Notes: • <u>Sole</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authoriz • <u>Shared</u> Focal Point authority - A signature of an authoriz <u>required</u> for communication related to the corresponding scop • <u>Joint</u> Focal Point authority - A signature of an authoriz communication related to the corresponding scope of authoriz Name of the entity:	ty. orized signatory of <u>ANY of the e</u> be of authority. ized signatory of <u>ALL entities lis</u>	entities list	ed below	is			
ECO Asset Incorporated							
This entity is nominated as focal point for:		Sole	Shared	Joint			
(a) Authority to instruct the secretariat and communicate allocation/forwarding of CERs	with the CDM EB on			X			
(b) Authority to request the addition of project participant any voluntary withdrawal and to update contact details of (includes changes in company's name and legal status, additional status) and the status of th	f project participant			X			
(c) Communication with the secretariat and CDM EB on registration and/or issuance. Select this scope if the entity communication related to the project				X			
Contact details (primary authorized signatory):	Mr.		1				
Last name: Aoki	Telephone:						
First name: Koji	Fax:						
Email:	Address:						
Specimen signature:							
Contact details (alternate authorized signatory):	Mr.						
Last name: Yagyu	Telephone:						
First name: Naoto	Fax:						
Email:	Address:						
Specimen signature:							

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 (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
				X
(c) Communication with the secretariat and CDM El registration and/or issuance. Select this scope if the e communication related to the project				X
Contact details (primary authorized signatory):	Mr.			
Last name: Li	Telephone:			
First name: Min	Fax:			
Email:	Address:			
Specimen signature:				
	Mr.			
Contact details (alternate authorized signatory):				
Contact details (alternate authorized signatory): Last name: Wu	Telephone:			
	Telephone: Fax:			