

First name: Pamela

Specimen signature:

Email:

Modalities of Communication Form

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

This form is to be used by project participants in order to	submit the statement of Wodaities	oj Comin	инисанон.	
Date of submission		24/03/2011		
Section 1: Project Details				
1. Title of the CDM project activity	AWMS Methane Recovery Pr México	AWMS Methane Recovery Project MX06-S-50, Puebla, México		
2. Please state project ID Number if available	0665	0665		
Section 2: Nom	nination of Focal Point			
3. Details of the entity/ies nominated as focal point				
Notes: • Sole Focal Point authority - A signature of an automunication related to the corresponding scope of automunication related to the corresponding - A signature of an required for communication related to the corresponding - Joint Focal Point authority - A signature of an automunication related to the corresponding scope of automunication re	thority. authorized signatory of <u>ANY of the</u> scope of authority. thorized signatory of <u>ALL entities lands</u>	entities li	sted below	is
Name of the entity: AgCert International Ltd.				
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: Perkowski	Telephone:			
First name: Leo S.	Fax:			
Email:	Address:			
Specimen signature:				
Contact details (alternate authorized signatory):	Ms.			
Last name: McRov	Telephone:			

Fax:

Address: