

Modalities of Communication Statement (Version 03.0)

Date of submission:		30/10/2012			
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS					
Title of the project/programme of activities:	Methane Recovery Project of M Alcohol Co., Ltd.	leihekou	City Fukai	ıg	
Project/programme of activities reference number: <i>(if available)</i>	4184				
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES					
 Notes: <u>Sole Focal Point authority</u> - An authorized signatory of <u>ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.</u> <u>Shared Focal Point authority</u> - An authorized signatory <u>ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.</u> <u>Joint Focal Point authority</u> - Authorized signatories of <u>ALL entities listed below are required to sign for communication related to the corresponding scope of authority.</u> <u>Mame of entity:</u> Lakewood Carbon Corp. 					
Address: Box 957, Offshore Incorporations Centre, Road Town, Tortola British Virgin Islands United Kingdom of Great Britain and Northern Ireland					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of CER				X	
(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		X			
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above		X			
Contact details (primary authorized signatory):	Mr. 🛛 Ms.				
Last name: Anderson	Telephone 1:				
First name: Robert	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature: Date (dd/mm/yyyy):					
Is this entity changing its name?	No				
Former entity name, if applicable:					
Is this entity also a project participant?	Yes				
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes				
Name of entity: Solvay Energy Services SAS					
Address: 25 Rue de Clichy,75009,Paris,France France					
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint	
(a) Communicate in relation to requests for forwarding of CER				X	

CDM-MOC-FORM

	CDM-MOC-FORM	
(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		
(c) Communicate on all other project or programme rela (a) or (b) above	ted matters not covered by	
Contact details (primary authorized signatory):	Mr. 🛛 Ms.	
Last name: ROSIER	Telephone 1:	
First name: Philippe	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Contact details (alternate authorized signatory):	Mr. 🔲 Ms. 🔀	
Last name: VISCIGLIO-FAIRBANK	Telephone 1:	
First name: Valerie	Telephone 2 (optional):	
Email:	Fax (optional):	
Specimen signature:	Date (dd/mm/yyyy):	
Is this entity changing its name?	No	
Former entity name, if applicable: ORBEO		
Is this entity also a project participant?	Yes	
If the entity is also a project participant, do the same signatories represent it in its project participant role?	Yes	