



Modalities of Communication Form

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

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|---------------------------|------------|
| Date of submission | 16/02/2011 |
|---------------------------|------------|

Section 1: Project Details

| | |
|---|---|
| 1. Title of the CDM project activity | LaGeo, S. A. de C. V., Berlin Geothermal Project, Phase Two |
| 2. Please state project ID Number if available | 0297 |

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:

LaGeo, S. A de C.V.

| 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: Loy | Telephone: |
| First name: Ruben Antonio | Fax: |
| Email: | Address: |

Specimen signature:

| | |
|--|------------|
| Contact details (alternate authorized signatory): | |
| Last name: | Telephone: |
| First name: | Fax: |
| Email: | Address: |

Specimen signature: