



Modalities of Communication Statement (Version 03.0)

| Date of submission: | 12/05/2022 | | | | | | | | | | | | |
|--|---|-------|--------|-------|---|---|---|---|---|---|---|---|---|
| SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS | | | | | | | | | | | | | |
| Title of the project/programme of activities: | Piedra Larga Wind Farm | | | | | | | | | | | | |
| Project/programme of activities reference number: <i>(if available)</i> | 4634 | | | | | | | | | | | | |
| SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES | | | | | | | | | | | | | |
| <p>Notes:</p> <ul style="list-style-type: none"> • Sole Focal Point authority - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority. • Shared Focal Point authority - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority. • Joint Focal Point authority - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority. | | | | | | | | | | | | | |
| Name of entity: Desarrollos Eólicos Mexicanos de Oaxaca 1 S.A.P.I. de C.V. (DEMEX OAXACA 1) | | | | | | | | | | | | | |
| Address: AV. EJERCITO NACIONAL 678 PISO 6, COL. POLANCO REFORMA 11550 MIGUEL HIDALGO Mexico | | | | | | | | | | | | | |
| This entity is nominated as a focal point with the authority to: | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Sole</th> <th style="width: 15%;">Shared</th> <th style="width: 15%;">Joint</th> </tr> </thead> <tbody> <tr> <td>(a) Communicate in relation to requests for forwarding of CER</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(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</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> </tbody> </table> | Sole | Shared | Joint | (a) Communicate in relation to requests for forwarding of CER | X | 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 | X | (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | X | X |
| Sole | Shared | Joint | | | | | | | | | | | |
| (a) Communicate in relation to requests for forwarding of CER | X | 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 | X | | | | | | | | | | | |
| (c) Communicate on all other project or programme related matters not covered by (a) or (b) above | X | X | | | | | | | | | | | |
| Contact details (primary authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | | | | | | | | | | | | |
| Last name: Gonzalez Peinado | Telephone 1: | | | | | | | | | | | | |
| First name: Sergio | Telephone 2 (optional): | | | | | | | | | | | | |
| Email: | Fax (optional): | | | | | | | | | | | | |
| Specimen signature: | Date (dd/mm/yyyy): | | | | | | | | | | | | |
| Contact details (alternate authorized signatory): | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> | | | | | | | | | | | | |
| Last name: Cuenca Salinas | Telephone 1: | | | | | | | | | | | | |
| First name: Emmanuel | 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: ALLCOT AG | | | | | | | | | | | | | |

| | | | |
|--|--|--------------------|--------------|
| Address: Bahnhofstrasse 10 6300 Zug Switzerland | | | |
| 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. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | | |
| Last name: GARCIA | Telephone 1: | | |
| First name: MERCEDES | Telephone 2 (optional): | | |
| Email: | Fax (optional): | | |
| Specimen signature: | | Date (dd/mm/yyyy): | |
| | | | |
| Contact details (alternate authorized signatory): | Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> | | |
| Last name: PIRELA | Telephone 1: | | |
| First name: LAURA | 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 | | |