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: 19/03/2012

Section 1: Project Details

1. Title of the CDM project activity: Yangquan Yinying Coal Mine Methane (CMM) Power Generation Project of Yangquan City, Shanxi Province, P.R.China

2. Please state project ID Number if available: 3266

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:
Credit Suisse International

This entity is nominated as focal point for:

<table>
<thead>
<tr>
<th>Authority</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>(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</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Contact details (primary authorized signatory):
Mr.
Last name: Harewood
First name: Ricardo
Email: 
Specimen signature:

Contact details (alternate authorized signatory):
Mr.
Last name: Warner
First name: Ross
Email: 
Specimen signature: