

**CDM-MOC-FORM Form: ANNEX 2**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|
| <b>Date of submission</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                      | 05/07/2011       |
| <b>SECTION 1: PROJECT DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                  |
| <b>1. Title of the CDM project activity</b>                                                                                                                                                                                                                                                                                                                                                                                                       | Methane Recovery Project of Meihekou City Fukang Alcohol Co., Ltd.   |                  |
| <b>2. Please state reference Number if available</b>                                                                                                                                                                                                                                                                                                                                                                                              | 4184                                                                 |                  |
| <b>SECTION 2: <u>ADDITION/CHANGE OF NAME</u> OF PROJECT PARTICIPANT</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                  |
| <input checked="" type="checkbox"/> <b>Add project participant</b><br><input type="checkbox"/> <b>Change name of project participant</b><br><b>The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the <u>Statement of Agreement</u> of the current modalities of communication.</b> |                                                                      |                  |
| <b>Name of the entity:</b><br>ORBEO                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                  |
| <b>Party (country that authorised participation):</b><br>France                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                  |
| <b>Contact details (primary authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                            | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                  |
| Last name: Rosier                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone:                                                           |                  |
| First name: Philippe                                                                                                                                                                                                                                                                                                                                                                                                                              | Fax:                                                                 |                  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address:                                                             |                  |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                  |
| <b>Contact details (alternate authorized signatory):</b>                                                                                                                                                                                                                                                                                                                                                                                          | Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> |                  |
| Last name: SIEGWART                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone:                                                           |                  |
| First name: PASCAL                                                                                                                                                                                                                                                                                                                                                                                                                                | Fax:                                                                 |                  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                            | Address:                                                             |                  |
| Specimen signature:                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                      |                  |
| Signature(s) of designated focal point for scope (b):                                                                                                                                                                                                                                                                                                                                                                                             |                                                                      | Date: .....      |
| Name: .....                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                      | Signature: ..... |
| Only one primary or alternate signatory per focal point entity is required.                                                                                                                                                                                                                                                                                                                                                                       |                                                                      |                  |