Modalities of Communication Statement  
(Version 03.0)

**Date of submission:** 11/10/2013

**SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS**

| Title of the project/programme of activities: | Xinjiang Alashankou Wind Power Project |
| Project/programme of activities reference number: (if available) | 4001 |

**SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES**

**Notes:**
- **Sole Focal Point authority** - An authorized signatory of ONLY the entity listed below is required to sign for communication related to the corresponding scope of authority.
- **Shared Focal Point authority** - An authorized signatory ANY of the entities listed below is required to sign for communication related to the corresponding scope of authority.
- **Joint Focal Point authority** - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.

**Name of entity:**  
Longyuan Alashankou Wind Power Co., Ltd.

**Address:**  
Floor 7, No.6-9 Fuchengmen North Street, Xicheng District  
100034 Beijing  
China

**This entity is nominated as a focal point with the authority to:**

<table>
<thead>
<tr>
<th>(a) Communicate in relation to requests for forwarding of CER</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<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></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Contact details (primary authorized signatory):**  
Mr. **Huang**  
First name: Qun  
Telephone 1:  
Telephone 2 (optional):  
Email:  
Fax (optional):  
Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**  
Mr. **Wang**  
First name: Yao  
Telephone 1:  
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