### Modalities of Communication Statement (Version 03.0)

**Date of submission:** 10/04/2017

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

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>AES Tietê Afforestation/Reforestation Project in the State of São Paulo, Brazil</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number:</td>
<td>3887</td>
</tr>
</tbody>
</table>

#### 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:**
AES Tietê S.A.

**Address:**
Av. Dr. Marcos Penteado de Ulhoa Rodrigues,
939- 5o andar, Torre Jatoba-Tambore-Barueri/SP
06460-040 Sao Paulo
Brazil

**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):**

- Last name: Bocardo
- First name: Paola Jennifer
- Email:
- Telephone 1:
- Telephone 2 (optional):
- Fax (optional):
- Specimen signature: Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**

- Last name: Michelin
- First name: Jose Eduardo
- Email:
- Telephone 1:
- Telephone 2 (optional):
- 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