## Modalities of Communication Statement
(Version 03.0)

<table>
<thead>
<tr>
<th>Date of submission:</th>
<th>14/07/2017</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Title of the project/programme of activities:</th>
<th>Monterey II LFG to Energy Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project/programme of activities reference number: (if available)</td>
<td>2186</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:**
Bioenergia de Nuevo Leon S.A. de C.V.

**Address:**
Avenida E No.101
Parque Industrial Almacentro
66600 Apodaca, Nuevo Leon
Mexico

<table>
<thead>
<tr>
<th>This entity is nominated as a focal point with the authority to:</th>
<th>Sole</th>
<th>Shared</th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Communicate in relation to requests for forwarding of CER</td>
<td>X</td>
<td></td>
<td></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></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. Saldana Mendez
Ms. Jaime Luis
Telephone 1:
Telephone 2 (optional):
Fax (optional):
Specimen signature:
Date (dd/mm/yyyy):

**Contact details (alternate authorized signatory):**
Mr. Esquivel
Ms. Hilario
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**