

## Modalities of Communication Statement (Version 03.0)

Date of submission:		21/11/2013				
	DAMME OF ACTIVITIES					
SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS  Title of the project/programme of activities:  Fumeng Maniuhu Wind Farm Project						
Project/programme of activities reference number:	5448	rioject				
(if available)	3448					
SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES						
Notes:  • Sole Focal Point authority - An authorized signatory of communication related to the corresponding scope of authority - Shared Focal Point authority - An authorized signato communication related to the corresponding scope of authority - Joint Focal Point authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories of communication related to the corresponding scope of authority - Authorized signatories - Authorize	ty. ry <u>ANY of the entities listed bel</u> ety. If <u>ALL entities listed below are r</u>	ow is requ	<u>ired</u> to sig			
Name of entity: Camco Carbon Credits Limited						
Address: Channel House, Green Street, St Helier JE24UH Jersey United Kingdom of Great Britain and Northern Ireland						
This entity is nominated as a focal point with the authorit	y to:	Sole	Shared	Joint		
(a) Communicate in relation to requests for forwarding of CER				X		
(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				X		
(c) Communicate on all other project or programme related matters not covered by (a) or (b) above				X		
Contact details (primary authorized signatory):	Mr. ⋈ Ms. □	<u> </u>				
Last name: Zhang	Telephone 1:					
First name: Yuzhong	Telephone 2 (optional):					
Email:	Fax (optional):					
Specimen signature:	Date (dd/mm/yyyy):					
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □					
Last name: Ludlow	Telephone 1:					
First name: Graeme	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?	No					
Name of entity: Fuxin Taihe Wind Power Co., Ltd.						

Address: No. 124-2, Zhonghua Road, Haizhou District Liaoning Pro 123000 Fuxin City China	ovince			
This entity is nominated as a focal point with the author	ority to:	Sole Shared Join		Joint
(a) Communicate in relation to requests for forwarding of CER				X
(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				X
(c) Communicate on all other project or programme ro (a) or (b) above	elated matters not covered by			X
Contact details (primary authorized signatory):	Mr. ☑ Ms. □			ı
Last name: Du	Telephone 1:			
First name: Shuyao	Telephone 2 (optional):			
Email:	Fax (optional):			
Specimen signature:	Date (dd/mm/yyyy):			
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☒			
Last name: Ai	Telephone 1:			
First name: Fang	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			