



## Modalities of Communication Statement (Version 03.0)

<b>Date of submission:</b>	31/07/2017						
<b>SECTION 1: CDM PROJECT/PROGRAMME OF ACTIVITIES DETAILS</b>							
<b>Title of the project/programme of activities:</b>	Monterrey I LFG to Energy Project						
<b>Project/programme of activities reference number:</b> (if available)	4598						
<b>SECTION 2: NOMINATION OF FOCAL POINT ENTITY/IES</b>							
<p>Notes:</p> <ul style="list-style-type: none"> <li>· <b>Sole Focal Point authority</b> - An authorized signatory of <u>ONLY the entity listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Shared Focal Point authority</b> - An authorized signatory <u>ANY of the entities listed below is required</u> to sign for communication related to the corresponding scope of authority.</li> <li>· <b>Joint Focal Point authority</b> - Authorized signatories of <u>ALL entities listed below are required</u> to sign for communication related to the corresponding scope of authority.</li> </ul>							
<b>Name of entity:</b> Bioenergia de Nuevo Leon, S.A. DE C.V.							
<b>Address:</b> Avenida E No.1, Parque Industrial Almacentro 66600 Apodaca, Nuevo Leon Mexico							
<b>This entity is nominated as a focal point with the authority to:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"><b>Sole</b></td> <td style="width: 33.33%;"><b>Shared</b></td> <td style="width: 33.33%;"><b>Joint</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>			
<b>Sole</b>	<b>Shared</b>	<b>Joint</b>					
<b>(a) Communicate in relation to requests for forwarding of CER</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> <td style="width: 33.33%;"></td> </tr> </table>						
<b>(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</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%; text-align: center;"><b>X</b></td> <td style="width: 33.33%;"></td> </tr> </table>		<b>X</b>				
	<b>X</b>						
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;"></td> <td style="width: 33.33%; text-align: center;"><b>X</b></td> <td style="width: 33.33%;"></td> </tr> </table>		<b>X</b>				
	<b>X</b>						
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>						
Last name: Saldana Mendez	Telephone 1:						
First name: Jaime Luis	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature:	Date (dd/mm/yyyy):						
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>						
Last name: Esquivel	Telephone 1:						
First name: Hilario	Telephone 2 (optional):						
Email:	Fax (optional):						
Specimen signature:	Date (dd/mm/yyyy):						
Is this entity changing its name?	<b>No</b>						
Former entity name, if applicable:							
Is this entity also a project participant?	<b>Yes</b>						
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>						

<b>Name of entity:</b> Statkraft Markets GmbH			
<b>Address:</b> Derendorfer Allee 2a 40476 Dusseldorf Germany			
<b>This entity is nominated as a focal point with the authority to:</b>	<b>Sole</b>	<b>Shared</b>	<b>Joint</b>
<b>(a) Communicate in relation to requests for forwarding of CER</b>	<b>X</b>		
<b>(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</b>		<b>X</b>	
<b>(c) Communicate on all other project or programme related matters not covered by (a) or (b) above</b>		<b>X</b>	
<b>Contact details (primary authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Peters	Telephone 1:		
First name: Stef	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
<b>Contact details (alternate authorized signatory):</b>	Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/>		
Last name: Karreman	Telephone 1:		
First name: Arjan	Telephone 2 (optional):		
Email:	Fax (optional):		
Specimen signature:		Date (dd/mm/yyyy):	
Is this entity changing its name?	<b>No</b>		
Former entity name, if applicable:			
Is this entity also a project participant?	<b>Yes</b>		
If the entity is also a project participant, do the same signatories represent it in its project participant role?	<b>Yes</b>		