CDM-MOC-FORM Form: ANNEX 2

Date of submission		23/04/2012
SECTION 1: PROJECT DETAILS		
1. Title of the CDM project activity	Itaoca Landfill Gas Project	
2. Please state reference Number if available	4657	
SECTION 2: <u>ADDITION/CHANGE OF</u>	NAME OF PROJECT PAI	RTICIPANT
Add project participant Change name of project participant The following entity is hereby added as a project participant or is newly named in respect of the above CDM project. By providing a specimen signature below, the project participant confirms its acceptance of the Statement of Agreement of the current modalities of communication.		
Name of the entity: Azuliber 1, S.L.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Virgilio	Telephone:	
First name: Ruiz	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⋈ Ms. □	
Last name: Bosch	Telephone:	
First name: Jose	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Da	ate:
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Cementos Portland Valderrivas, S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: San Félix	Telephone:	
First name: Carlos	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Zaragoza	Telephone:	
First name: Aniceto	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Ibanez	Telephone:	
First name: Ramon	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Compania Espanola de Petroleo, S.A. (CEPSA)		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Miro	Telephone:	
First name: Pedro	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: E.ON Generacion S.L.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Anzola Perez	Telephone:	
First name: Javier	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Oliver	Telephone:	
First name: Podehl	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b): Date:		
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Endesa Generacion S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Corregidor	Telephone:	
First name: David	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Gas Natural SDG, S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr. Ms. Ms.	
Last name: Sanz Garcia	Telephone:	
First name: Rosa Ma	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. 🛛	
Last name: Mateos Bermejo	Telephone:	
First name: Elena	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Hidroelectrica del Cantabrico, S.A.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Garcia Marinas	Telephone:	
First name: Juan Carlos	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
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Name of the entity: Iberdrola Generacion, S.A.U.		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Alonso de las Fuentes	Telephone:	
First name: Felix	Fax:	
Email:	Address:	
Specimen signature:		
	M. M.	
Contact details (alternate authorized signatory):	Mr. Ms.	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Repsol YPF, S.A		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Alvarez-Pedrosa	Telephone:	
First name: Ramon	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr. ☐ Ms. ☐	
Last name:	Telephone:	
First name:	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b):	Date:	
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		

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Name of the entity: Zeroemissions Carbon Trust, S.A		
Party (country that authorised participation): Spain		
Contact details (primary authorized signatory):	Mr.⊠ Ms.□	
Last name: Rodriguez-Izquierdo	Telephone:	
First name: Emilio	Fax:	
Email:	Address:	
Specimen signature:		
Contact details (alternate authorized signatory):	Mr.⊠ Ms.□	
Last name: Medina	Telephone:	
First name: Jose Luis	Fax:	
Email:	Address:	
Specimen signature:		
Signature(s) of designated focal point for scope (b): Date:		
Name:	Signature:	
Only one primary or alternate signatory per focal point entity is required.		