

## Modalities of Communication Statement (Version 03.0)

Date of submission:		30/07/2012			
SECTION 1: CDM PROJECT/PROG			_		
Title of the project/programme of activities:	CTL Landfill Gas Project				
Project/programme of activities reference number: (if available)	5947				
SECTION 2: NOMINATION O	 	/IFS			
Notes:	T FOCAL FORM ENTITY	/IES			
<ul> <li>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.</li> <li>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.</li> <li>Joint Focal Point authority - Authorized signatories of ALL entities listed below are required to sign for communication related to the corresponding scope of authority.</li> </ul>					
Name of entity: EcoUrbis Ambiental S/A					
Address: Rua Joao Francisco Delmas, 117 Campo Limpo Sao Paulo/SP 05781 320 Brazil					
This entity is nominated as a focal point with the authority 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. □				
Last name: Urien	Telephone 1:				
First name: Cesar	Telephone 2 (optional):				
Email:	Fax (optional):				
Specimen signature:	Date (dd/mm/yyyy):				
Contact details (alternate authorized signatory):	Mr. ⋈ Ms. □				
Last name: Tavaris	Telephone 1:				
First name: Leonardo	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				

Name of entity: Econergy Brasil Ltda.				
Address: Av. Angelica, 2530, cj 111 Sao Paulo - SP 01228 200 Brazil				
This entity is nominated as a focal point with the authority to:		Sole	Shared	Joint
(a) Communicate in relation to requests for forwarding of CER				
(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				
(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. □			
Last name: Santo	Telephone 1:			
First name: Francisco	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?	No			
If the entity is also a project participant, do the same signatories represent it in its project participant role?				