Modalities of Communication Form

This form is to be used by project participants in order to submit the statement of Modalities of Communication.

Date of submission	04/07/2012

Section 1: Project Details

1. Title of the CDM project activity	Methane Gas Capture and Fuel Switching at Compañía Argentina de Levaduras S.A.I.C. Plant Project
2. Please state project ID Number if available	4640

Section 2: Nomination of Focal Point

3. Details of the entity/ies nominated as focal point

Notes:

· **Sole Focal Point authority** - A signature of an authorized signatory of ONLY the entity listed below is required for communication related to the corresponding scope of authority.

· **Shared Focal Point authority** - A signature of an authorized signatory of ANY of the entities listed below is required for communication related to the corresponding scope of authority.

· **Joint Focal Point authority** - A signature of an authorized signatory of ALL entities listed below are required for communication related to the corresponding scope of authority.

Name of the entity:
33 Asset Management B.V.

This entity is nominated as focal point for:	**Sole**	**Shared**	**Joint**
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs			**X**
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.			**X**
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			**X**

Contact details (primary authorized signatory):	Mr.
Last name: Oppedijk van Veen	Telephone:
First name: Walle	Fax:
Email:	Address:
Specimen signature:	

Contact details (alternate authorized signatory):	Mr.
Last name: Bello	Telephone:
First name: Paulo	Fax:
Email:	Address:
Specimen signature:	

Name of the entity: Compañía Argentina de Levaduras S.A.I.C.			
This entity is nominated as focal point for:	**Sole**	**Shared**	**Joint**
(a) Authority to instruct the secretariat and communicate with the CDM EB on allocation/forwarding of CERs			**X**
(b) Authority to request the addition of project participants and/or to communicate any voluntary withdrawal and to update contact details of project participant (includes changes in company's name and legal status, addresses etc.			**X**
(c) Communication with the secretariat and CDM EB on matters related to registration and/or issuance. Select this scope if the entity is to be copied on all communication related to the project			**X**

Contact details (primary authorized signatory):	Mr.
Last name: Leal	Telephone:
First name: Dario	Fax:
Email:	Address:
Specimen signature:	
Contact details (alternate authorized signatory):	Mr.
Last name: Luquin	Telephone:
First name: Jorge	Fax:
Email:	Address:
Specimen signature:	