

| LIVESTOCK OFFSET PROJECT DATA REPORT | | | | |
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| OPR Staff Use Only | Date Report Received: | OPR Tracking Number: | Date Report Reviewed: | OPR Staff Use Only |
| PART I. ENTITY SUBMITTING REPORT | | | | |
| Is this report being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)? | | | | <input type="checkbox"/> OPO <input checked="" type="checkbox"/> APD |
| Note: The person completing this form should be an OPO/APD employee. | | | | |
| Date Report Completed: 15 Aug 2016 | Person Completing Report: Charles Purshouse | Phone Number: 720-897-6683 | Email Address: charles.purshouse@camcocleanenergy.com | |
| PART II. OFFSET PROJECT INFORMATION | | | | |
| Offset Project Name: High Island Dairy | | OPR Project ID#: ACR313 | ARB Project ID# (if known): CAL5263 | |
| Reporting Period Start Date: 01 May 2014 | Reporting Period End Date: 30 Nov 2015 | Offset Project Commencement Date: 09 Jan 2014 | | |
| Protocol Version for Project Listing: <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014 | | Protocol Version for Project Reporting: <input type="checkbox"/> October 20, 2011 <input checked="" type="checkbox"/> November 14, 2014 | | |
| PART III. OPO/APD INFORMATION | | | | |
| Part III.A OPO | | | | |
| OPO Name: Davis Family Dairies, LLC | | | OPO's CITSS ID#: CA 1933 | |
| Mailing Address: 805 Enterprise Drive East, Suite I | | City: Belle Plaine | State: MN | Zip: 56058 |
| Contact Person: Sheila Weldon | Phone Number: 507-665-4540 | Email Address: sheila.weldon@davisfamilydairies.com | | |
| Part III.B APD (if applicable) <input type="checkbox"/> No APD/Not Applicable | | | | |
| APD Name: Camco Offsets I, LLC | | | APD's CITSS ID#: CA 1680 | |
| Mailing Address: 333 Perry Street, Suite 301 | | City: Castle Rock | State: CO | Zip: 80104 |
| Contact Person: Charles Purshouse | Phone Number: 720-897-6683 | Email Address: charles.purshouse@camcocleanenergy.com | | |
| PART IV. OFFSET PROJECT LOCATION | | | | |
| Facility Name: High Island Dairy | | | | |
| Street Address: 39316 348 th Street | | City: Le Sueur | State: MN | Zip: 56058 |
| Latitude: 44.450 | | Longitude: -94.053 | | |

PART V. REPORTED GHG EMISSIONS AND REDUCTIONS

Please report all GHG emissions and reductions in metric tons of carbon dioxide equivalent (MTCO₂e).


*Reporting Total Quantity of Metered and Destroyed Methane and Total Metered GHG Reductions is optional if total metered GHG reductions are greater than total modelled GHG reductions.

| | | |
|--------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|
| Modeled Project Baseline Methane Emissions: 26,984 | Project Methane Emissions: 5,098 | Total Modeled GHG Reductions: 21,886 |
| Net CO₂ Emissions: 0 | *Total Quantity of Metered and Destroyed Methane: | *Total Metered GHG Reductions: |

Part VI. QUESTIONS

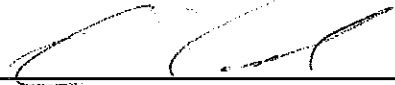
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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Has the offset project met all local, state, and federal regulatory requirements during the Reporting Period? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is all the information in the offset project listing still accurate? <i>If "yes," skip to Part VII.</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Does Part II above report an updated Offset Project Commencement Date, Reporting Period Start Date, and/or Reporting Period End Date? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does Part III above report updated OPO/APD Information? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does Part IV above report updated Offset Project Location information? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Are there any changes to the Governing Jurisdictions or Animal Facility Location (if different from the Offset Project Location) described in the project listing? <i>(If "yes," provide those updates on separate attached paper.)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Are there any updates to report for the Facility Owner, Technical Consultants, or Other Parties with a Material Interest? <i>(If "yes," provide those updates on separate attached paper.)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Does any other information in the project listing need to be updated? <i>(If "yes," provide those updates on separate attached paper.)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Part VII. ATTESTATION AND OPO/APD SIGNATURE

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|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|----------------------------|
|  Initial | I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for | | | |
| | Project Name: | | Reporting Period Start Date: | Reporting Period End Date: |
| | High Island Dairy | | from 05/01/2014 | to 11/30/2015 |
| | are measured in accordance with the Compliance Offset Protocol | | | |
| | Check the appropriate Compliance Offset Protocol: <input type="checkbox"/> Livestock Projects, October 20, 2011, <input checked="" type="checkbox"/> Livestock Projects, November 14, 2014, | | | |

and all information required to be submitted to ARB is true, accurate, and complete.

In signing this form, I certify under penalty of perjury of the laws of California that the information contained in this form is true, accurate, and complete. I further certify that I am an Account Representative of the Offset Project Operator (OPO).

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| SIGNATURE:  | PRINTED NAME: Charles Purshouse |
| TITLE: Vice President | DATE: 08/15/2016 |