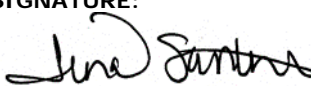


OFFSET VERIFICATION STATEMENT				
<i>OPR Staff Use Only</i>	Date Statement Received:	OPR Tracking Number:	Date Statement Reviewed:	<i>OPR Staff Use Only</i>
PART I. OFFSET PROJECT INFORMATION				
Offset Project Name: Perennial CN9-1 AMM Flare Project		OPR Project ID#: ACR470	ARB Project ID# (if known): CMM5470	
OPO Name: Perennial CMM West Virginia LLC		APD Name (if applicable):		
Reporting Period Start Date: 3/1/2019	Reporting Period End Date: 8/31/2019	Final OPDR's Total GHG Reductions: 9329		
PART II. VERIFICATION INFORMATION				
Verification Body (VB) Name: SCS Engineers			VB ID Number: H2-19-003	
1. Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being free of offset material misstatement?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being in conformance with the quantification, monitoring, and metering requirements of the Cap-and-Trade Regulation?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does this Offset Verification Statement attest that the submitted Offset Project is reasonably assured of being in conformance with all other requirements of the Cap & Trade Regulation and in compliance with all local, regional, and national regulatory requirements, except for any time period excluded pursuant to section 95973(b)(1)?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. As a result of the three attestations above, what is the Final Offset Verification Statement? <i>(see table in attached instructions)</i> (Note: Qualified Positive is not allowed for U.S. Forest projects.)			<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Qualified Positive <input type="checkbox"/> Adverse	
5. Qualifying Statement (required for Qualified Positive or Adverse Offset Verification Statements):				
Part III. ATTESTATIONS AND SIGNATURES				
Part III.A Lead Verifier				
As the lead verifier for this offset verification, I certify under penalty of perjury under the laws of the State of California that the offset verification team has carried out all offset verification services as required by sections 95977.1, 95977.2, and the applicable Compliance Offset Protocol and the findings are true, accurate, and complete and have been independently reviewed by an independent reviewer as required under sections 95977.1(b)(3)(R)(1.) through 95977.1(b)(3)(R)(3.).				
SIGNATURE: 		PRINTED NAME: Tina Sentner		
TITLE: Lead Verifier		DATE: 2/26/2020		

Part III.B Independent Reviewer

As the independent reviewer, I certify under penalty of perjury under the laws of the State of California that I have conducted an independent review of the offset verification services and findings on behalf of the verification body as required by this article and that the findings are true, accurate, and complete.

SIGNATURE:**PRINTED NAME:**

Cassandra Drotman

TITLE:

Senior Project Professional

DATE:

2/26/2020

Part III.C Verification Body Officer

I concur with the verification opinion rendered in this Offset Verification Statement, and I certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE:**PRINTED NAME:**

Raymond Huff

TITLE:

Vice President

DATE:

2/26/2020