

| <b>APPLICATION FOR LISTING AN OZONE DEPLETING SUBSTANCES OFFSET PROJECT</b>  |                                   |   |   |   |
|--|-----------------------------------|---|---|---|
| <b>OPR<br/>Staff<br/>Use<br/>Only</b>  | <b>Date Application Received:</b> | <b>OPR Tracking Number:</b>                             | <b>Date Application Reviewed:</b>                     | <b>OPR<br/>Staff<br/>Use<br/>Only</b>   |
| <b>PART I. ENTITY APPLYING FOR LISTING</b>   |                                   |   |   |   |
| <b>Is this form being submitted by the Offset Project Operator (OPO) or by the Authorized Project Designee (APD)?</b>  |                                   |   |   | <input checked="" type="checkbox"/> <b>OPO</b><br><input type="checkbox"/> <b>APD</b> |
| <b>Notes:</b><br>1. The person completing this form should be an OPO/APD employee.<br>2. If the APD is submitting this form, the OPO should submit the form Designation of Authorized Project Designee simultaneously. |                                   |   |   |   |
| <b>Name of Person Completing Form:</b><br>Timothy Wilson   |                                   | <b>Organization, if applicable:</b><br>EOS Climate Inc. |   |   |
| <b>Date Form Completed:</b><br>03/14/2014  |                                   | <b>Phone Number:</b><br>916-792-3624                    | <b>Email Address:</b><br>twilson@eosclimate.com       |   |
| <b>PART II. OFFSET PROJECT INFORMATION</b>   |                                   |   |   |   |
| <b>Offset Project Name:</b><br>2014-P4   |                                   |   |   |   |
| <b>Offset Project Commencement Date:</b><br>04/09/2014   |                                   | <b>First Reporting Period Start Date:</b><br>04/09/2014 | <b>First Reporting Period End Date:</b><br>04/16/2014 |   |
| <b>PART III. OPO/APD INFORMATION</b>   |                                   |   |   |   |
| <b>Part III.A OPO</b>  |                                   |   |   |   |
| <b>OPO Name:</b><br>EOS Climate Inc.   |                                   |   | <b>OPO's CITSS ID#:</b><br>CA 1149                    |   |
| <b>Mailing Address:</b><br>55 Hawthorne Stree, Suite 610   |                                   | <b>City:</b><br>San Francisco                           | <b>State:</b><br>CA                                   | <b>Zip:</b><br>94105  |
| <b>Contact Person:</b><br>Todd English   |                                   | <b>Phone Number:</b><br>415-259-8040                    | <b>Email Address:</b><br>tenglish@eosclimate.com      |   |
| <b>Part III.B APD (if applicable)</b> <input checked="" type="checkbox"/> <b>No APD/Not Applicable</b>   |                                   |   |   |   |
| <b>APD Name:</b>   |                                   |   | <b>APD's CITSS ID#:</b><br>CA                         |   |
| <b>Mailing Address:</b>  |                                   | <b>City:</b>  | <b>State:</b>   | <b>Zip:</b>   |
| <b>Contact Person:</b>   |                                   | <b>Phone Number:</b>                                    | <b>Email Address:</b>                                 |   |
| <b>PART IV. DESTRUCTION FACILITY INFORMATION</b>   |                                   |   |   |   |
| <b>Name of Destruction Facility:</b><br>Clean Harbors El Dorado, LLC.  |                                   |   |   |   |
| <b>Street Address:</b><br>309 American Circle  |                                   | <b>City:</b><br>El Dorado                               | <b>State:</b><br>AR                                   | <b>Zip:</b><br>71730  |
| <b>Is the destruction facility a RCRA-permitted hazardous waste combustor (HWC)?</b>   |                                   |   |   | <input checked="" type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>  |
| (If yes, skip the next question.)  |                                   |   |   |   |
| <b>If the destruction facility is not a RCRA-permitted HWC, has it met the TEAP requirements for ODS destruction?</b>  |                                   |   |   | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>             |

**Part V. OTHERS INVOLVED IN PROJECT**

|  |                 |       |               |                |
|--|-----------------|-------|---------------|----------------|
| <b>Technical Consultants:</b>                  | 1.              | Name: |               |                |
|  | Contact Person: |       | Phone Number: | Email Address: |
|  | 2.              | Name: |               |                |
|  | Contact Person: |       | Phone Number: | Email Address: |
| <b>Other Parties with a Material Interest:</b> | 1.              | Name: |               |                |
|  | Contact Person: |       | Phone Number: | Email Address: |
|  | 2.              | Name: |               |                |
|  | Contact Person: |       | Phone Number: | Email Address: |

**PART VI. ODS FOR DESTRUCTION**

List All Points of Origin by U.S. State for ODS Sourced for This Project:

From within the 48 contiguous U.S. states, plus D.C.

Indicate All ODS Sources That Will Be Destroyed Under This Project By Checking the Boxes Below:

|   |  |   |
|---|--|---|
| <b>Refrigerant Destruction:</b><br><input checked="" type="checkbox"/> CFC-11 <input checked="" type="checkbox"/> CFC-113<br><input checked="" type="checkbox"/> CFC-12 <input checked="" type="checkbox"/> CFC-114<br><input checked="" type="checkbox"/> CFC-13 <input checked="" type="checkbox"/> CFC-115 | <b>Destruction of ODS Blowing Agent in Intact Building Foam:</b><br><input type="checkbox"/> CFC-11 <input type="checkbox"/> HCFC-22<br><input type="checkbox"/> CFC-12 <input type="checkbox"/> HCFC-141b | <b>Destruction of Concentrated ODS Blowing Agent in Appliance Foam:</b><br><input type="checkbox"/> CFC-11 <input type="checkbox"/> HCFC-22<br><input type="checkbox"/> CFC-12 <input type="checkbox"/> HCFC-141b |
|---|--|---|

**PART VII. OTHER QUESTIONS (GENERAL)**

|   |                      |             |  |
|---|----------------------|-------------|--|
| 1. Have any GHG reductions associated with the offset project ever been registered with or claimed by another registry or program, or sold to a third party prior to our listing? |                      |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
| If yes, identify the registry or program (vintage and reporting period) below:  |                      |             |  |
| Registry/Program:   | Reporting Period(s): | Vintage(s): | Credits Issued:  |
| 2. Is this offset project being implemented and conducted as the result of any law, statute, regulation, court order, or other legally binding mandate? If yes, explain below:    |                      |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |

**PART VIII. OTHER QUESTIONS ODS-SPECIFIC**

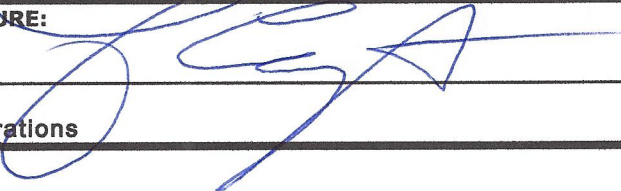
|  |   |   |                    |
|--|---|---|--------------------|
| 1. Has an Offset Project Data Report been developed?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If not, what date will it be in place?                                    | Date:<br>4/30/2014 |
| 2. Has the offset project-specific recovery efficiency been determined (for appliance foam projects only)? | <input type="checkbox"/> Yes <input type="checkbox"/> No            | If yes, what is the factor? If not, when will this factor be established? | Factor/Date:       |
| 3. Was, or will, any of the destroyed ODS be sourced from the US government?                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, how much?   | Quantity:          |
| 4. Was, or will, any of the destroyed ODS be considered hazardous waste under US, state or local law?      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If so, how much? Explain below.   | Quantity:          |
| Explanation (for #4).  |   |   |                    |

**Part IX. ATTACHMENT**

Submit the information in this form to  
the appropriate Offset Project Registry

On an attached separate sheet of paper, provide an Offset Projection Description (one to two paragraphs).

**Part X. ATTESTATIONS AND OPO/APD SIGNATURE**

|  |   |                                      |  |  |
|--|---|--------------------------------------|--|--|
| Initial<br><u>T.E.</u>   | <b>I certify under penalty of perjury under the laws of the State of California the GHG reductions and/or GHG removal enhancements for</b>  |                                      |  |  |
|  | Project Name:<br><b>2014-P4</b>   | from                                 | Crediting Period<br>Start Date:<br><b>04/09/2014</b> | to<br>Crediting Period<br>End Date:<br><b>04/08/2024</b> |
|  | <b>will be measured in accordance with the Compliance Offset Protocol Ozone Depleting Substances Projects, October 20, 2011, and all information required to be submitted to ARB is true, accurate, and complete.</b>   |                                      |  |  |
| Initial<br><u>T.E.</u>   | <b>I understand I am voluntarily participating in the California Greenhouse Gas Cap-and-Trade Program under title 17, article 5, and by doing so, I am now subject to all regulatory requirements and enforcement mechanisms of this program and subject myself to the jurisdiction of California as the exclusive venue to resolve any and all disputes arising from the enforcement of provisions in this article.</b>  |                                      |  |  |
| Initial<br><u>T.E.</u>   | <b>I understand that the offset project activity and implementation of the offset project must be in accordance with all applicable local, regional, and national environmental and health and safety laws that apply to the offset project location. I understand that offset projects are not eligible to receive ARB or registry offset credits for GHG reductions and GHG removal enhancements that are not in compliance with the requirements of the cap-and-trade program.</b> |                                      |  |  |
| <b>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).</b> |   |                                      |  |  |
| <b>SIGNATURE:</b><br>  |   | <b>PRINTED NAME:</b><br>Todd English |  |  |
| <b>TITLE:</b><br>VP Operations   |   | <b>DATE:</b> 3/14/14                 |  |  |



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EOS Climate ODS destruction projects begin at the acquisition of eligible ODS refrigerant from non-foam sources. The material is then transported as necessary to an EPA certified refrigerant reclaimer for reclamation, aggregation, and mixing/sampling as applicable. ODS is then transported to Clean Harbors Environmental Services, a RCRA permitted incineration plant in El Dorado, Arkansas. A sample will be drawn by Clean Harbors and sent for analysis to an AHRI certified laboratory. Clean Harbors will then destroy the ODS recording pre and post destruction weights and required emissions monitoring data.