EAR	LY ACTION DESK REVI	EW FINDING	î <b>S</b>					
ARB Staff	ARB Form Tracking Number:	Date Findings Re	eceived:	Date Findings Proce	essed;	ARB Staff		
Use Only	Date Findings Reviewed:	Date More Information Requested:		Date Findings Appr	oved:	Use Only		
PAR	I. VERIFICATION BODY I	NFORMATION				1. 1. 1975		
	ation Body Name: onmental Services, Inc.			Verification Body II H2-16-002	O Number:			
PAR	11. EARLY ACTION PROJE	CT INFORMATI	ON .					
Garc	Early Action Project Name:EAOP Project ID#:ARBGarcia River ForestCAR102CAF					ct ID#: 40		
	of Party Requesting Desk Review Conservation Fund	:						
	ting Period Start Date: Inuary 2008		Reporting Period E 31 December 20	ng Period End Date:				
	A separate Early Action Desk Revi	ew Findings must l			g reviewed.	an a		
Part	III. ATTACHMENT							
· 🗵	Report Detailing the Desk Re	view Findings						
Part	IV. DESK REVIEW FINDIN	GS SUMMARY						
	Were the previously provided offs assurance to support the issuance Program?	e of early action off	set credits by the Ea	rly Action Offset		Yes No		
	Were the data checks conducted l calculated correctly and demonstr applicable quantitative materiality methodology?	ate the early action	n offset project data	report meets the	gram D	Yes No		
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable <b>No</b> early action reporting period?								
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE								
	verification body answered <u>"No"</u> . If the verification body answere					iately		
an the sub-	A. LEAD VERIFIER SIGNATURE	网络小麦属加加 建酸盐 医马克氏试验检	e de presente en la diserció de servició de se					
SIGNA	TURE:		PRINTED NAME:					
TITLE: DAT			DATE:					
			•					

Email the information in this form to <u>ghgoffsetverification@arb.ca.gov</u>

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING				
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.				
ATTESTATION SIGNATURE: PRINTED NAME:				
	Jonathan Pomp			
TITLE:	DATE:			
ARB Lead Verifier, #H2-14-188	13 July 2016			
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER				
I concur with the findings in this form and certify that I the Offset Verification Body on all matters related to the				
ATTESTATION SIGNATURE:	PRINTED NAME:			
	Janice McMahon			
TITLE:	DATE:			
Sr. Vice President/Technical Director	13 July 2016			
Forestry, Carbon, and GHG Services	····, -···,			

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ISD/CCPEB #25 (Rev 07/14)

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EARL	Y ACTION DESK REVI	EW FINDING	S		5 - 200 8 - 200		
ARB Staff	ARB Form Tracking Number:	Date Findings Re	ceived:	Date Findings Proce	Date Findings Processed:		
Use Only	Date Findings Reviewed:	Date More Inform	mation Requested:	Date Findings Appr	oved:	Use Only	
PÁRT	I. VERIFICATION BODY I	NFORMATION					
	Verification Body Name:Verification Body ID NumberEnvironmental Services, Inc.H2-16-002						
PART	II. EARLY ACTION PROJE	CT INFORMATI	DN				
Garcia	ction Project Name: 1 River Forest		·····	EAOP Project ID#: CAR102	ARB Project CAFR004		
	f Party Requesting Desk Review onservation Fund						
Reporti	ng Period Start Date: Nuary 2009		Reporting Period E 31 December 20				
Note: A	separate Early Action Desk Revi	ew Findings must l	pe provided for each	reporting period bein	g reviewed.	Trick Statementshipton, accounts	
Part I	II. ATTACHMENT						
$\boxtimes$	Report Detailing the Desk Re	view Findings					
Part I	V. DESK REVIEW FINDING	GS SUMMARY					
as	ere the previously provided offs ssurance to support the issuance ogram?					Yes No	
. ca ar	ere the data checks conducted the alculated correctly and demonstroplicable quantitative materiality ethodology?	ate the early action	n offset project data	report meets the		Yes No	
ve th	3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Interval Interva						
Part V	. VERIFICATION BODY AT	TESTATION AN	D SIGNATURE				
If the verification body answered <u>"No″ to any</u> of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes″ to all three questions, provide the attestation in Part V.B.							
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING							
SIGNATURE: PRINTED NAME:					4 		
TITLE:			DATE:		· · ·		

Part V.B. LEAD VERIFIER ATTESTATION AND	SIGNATURE IF CONCURRING
review in accordance with the requirement positive verification statement based on the	e laws of the State of California that I have conducted a desk is of section 95990(f)(3) and concur with the issuance of a e Early Action Verification Report and Offset Verification Action Offset Program for the applicable early action reporting
ATTESTATION SIGNATURE:	PRINTED NAME:
	Jonathan Pomp
TTT1 6.	DATE

13 July 2016

 Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER

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

 ATTESTATION SIGNATURE:

 PRINTED NAME:

 Janice McMahon

 TITLE:

 Sr. Vice President/Technical Director

 Forestry, Carbon, and GHG Services

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ARB Lead Verifier, #H2-14-188

EARLY ACTION DESK REVIEW FINDINGS								
ARB Staff	ARB Form Trackir		Date Findings Rec				IS Processed:	ARB Staff
Use Only	Date Findings Re	viewed:	Date More Informa	ition Request	ed:	Date Finding	is Approved:	Use Only
PART	I. VERIFICATI	on body in	FORMATION					
	tion Body Name: mental Services, Ir	ìC.				Verificati H2-12-00	on Body ID Ni 2	ımber:
PART	II. EARLY ACT.	ION PROJEC	T INFORMATIO	<b>v</b>				
Garcia I	ction Project Name River Forest				EAOP Pr CAR102	roject ID#: 2	ARB Project 2 CAFR0040	ID# (if known):
The Cor Offset P	f Party Requesting nservation Fund Project Data Report				: Data R	leport (Repo	rting Period) I	End Date:
01/01/20 Note: A		ion Desk Revie	w Findings must be	12/31/2010 provided for	each O	ffset Project	Data Report (	Reporting
			tion Report and Off	set Verificatio	on State	ement is bein	ig reviewed.	
	II. DESK REVI							
as Pr	surance to suppor ogram?	t the issuance	t verification service of early action offse	t credits by t	he Earl	y Action Offs	et	Xes No
ca ap	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the <b>X Yes</b> applicable quantitative materiality threshold as set forth in the early action quantification <b>No</b>					X Yes		
3, Do ve th Of	erification statemen le Offset Verification ffset Project Data I	nt should have on Statement s Report year?	e with reasonable a been issued based ubmitted to the Ear	on the Early / ly Action Offs	Action \ et Prog	Verification R Iram for the a	leport and applicable	⊠ Yes □ No
in Part		ide a report t	<u>to any</u> of the thre o ARB that explain					
SIGNAT				PRINTED NA	ME:			
TITLE:		alla de la composition de la compositio En la composition de l En la composition de la		DATE:				
		CHI PODY A	THOTATION	D.CYONIJET				
			TESTATION AN			art III abo	ve. nlease i	provide vour
signatu	ire below.	- 						
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.								
SIGNAT	URE:	· · · · · · · · · · · · · · · · · · ·		PRINTED		row		
			an an an an Arrena. An Arrena an Arrena					
	= 							an a
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TITLE: ARB Lead Verifier (H2-12-111)	 DATE: 8 January 2014

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EARLY ACTION DESK REVIEW FINDINGS							
ARB Staff	ARB Form Tracking Nur		e Findings Receiv		Date Finding		ARB Staff
Use Only	Date Findings Reviewer	d: Dal	e More Informati	on Requested:	Date Finding	te Findings Approved:	
PART	PART I. VERIFICATION BODY INFORMATION						
	tion Body Name: mental Services, Inc.				Verificatio H2-12-002	on Body ID Nui	nber:
PART	PART II. EARLY ACTION PROJECT INFORMATION						
Garcia I	Early Action Project Name:EAOP Project ID#:ARB Project ID# (if known):Garcia River ForestCAR102CAFR0040						
	f Party Requesting Desk nservation Fund	Review:					() <b>2</b> 00 <b>a</b> 10 0400 <b>4</b> 00 <b>4</b>
Offset F 01/01/2	Project Data Report (Rep 011	orting Period		fset Project Data /31/2011	Report (Repor	ting Period) E	nd Date:
	separate Early Action De for which an Early Action						leporting
Part I	II. DESK REVIEW F	INDINGS					1. and the second
assa as	ere the previously provio ssurance to support the i ogram?						⊠ Yes □ No
ca ar						participant of the second s	
ve th	pes this verification body erification statement sho le Offset Verification Stat ffset Project Data Report	uld have beer tement subm	n issued based or	n the Early Action	Verification R	eport and	⊠ Yes □ No
If the uin Part	verification body answ IV. Please provide a ure here in Part III.	rered <u>no to a</u>					
SIGNAT				PRINTED NAME:			
TITLE:	anna a' fan sean fan sean a' sean an sean gran fange an fan fan sean ar sean a		1	DATE:			<u> </u>
Part I	V. VERIFICATION B	ODY ATTES	STATION AND	SIGNATURE			
	verification body and re below.	swered <u>yes</u>	to all of the	questions in P	Part III abou	ve, please p	rovide your
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.							
SIGNAT				PRINTED NAME			
	Stewart McMorrow						
						,	
SSD/001	)FR #60 (Bas 09/13)	• · · · · · · · · · · · · · · · · · · ·	1	n in this form to	nine marine and and and a star of a star	Dama	1 of 4
990/CCI	SD/CCPEB #59 (Rev 09/13) ghgoffsetverification@arb.ca.gov Page 1 of 4						

TITLE:	DATE:
ARB Lead Verifier (H2-12-111)	8 January 2014

SPM/CLS/rb VO12101 Garcia River EA Desktop Review 2011-final.doc K pf 1/8/14f

EARI	Y ACTION D	ESK REVII	W FINDING	5				
ARB Staff	ARB Form Trackir		Date Findings Red				s Processed:	ARB Staff
Use Only	Date Findings Rev	viewed:	Date More Inform	lation Reques	sted:	Date Finding	is Approved:	Use Only
PART	I. VERIFICATI	ON BODY IN	FORMATION					
	ition Body Name: Imental Services, In	IC.				Verificati H2-12-00	on Body ID N 2	umber:
PART	II. EARLY ACT	ION PROJEC	T INFORMATIO	N				
Garcia	<mark>ction Project Name</mark> River Forest				EAOP F	Project ID#: 2	ARB Project CAFR0040	ID# (if known):
The Co	of Party Requesting Inservation Fund Project Data Report 1012		eriod) Start Date:	Offset Project 12/31/2012	ct Data I	Report (Repo	rting Period)	End Date:
Note: A	separate Early Act for which an Early			e provided fo				(Reporting
	II. DESK REVII							
· a:	/ere the previously ssurance to suppor rogram?							⊠ Yes □ No
2. W ca al m	2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification <b>No</b> methodology?						9	
ve th	oes this verificatior erification statemer ne Offset Verificatio ffset Project Data F	nt should have n Statement s	been issued based	l on the Early	Action	Verification R	leport and	X Yes No
in Part	verification body : IV. Please provi ure here in Part I	ide a report t						
SIGNAT				PRINTED P	NAME:			
TITLE:	, <u>, , , , , , , , , , , , , , , , , , </u>			DATE:				
Part I	V. VERIFICATI	ON BODY A	TTESTATION AN	ND SIGNAT	URE			
	verification bod ure below.	ly answered	<u>yes to all</u> of th	ne question	s in P	art III abo	ve, please j	provide your
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further 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: Stewart McMorrow								
	· · · · · · · · · · · · · · · · · · ·		an fan fei fei an					
SSD/CC	/CCPEB #69 (Rev 09/13) Email the information in this form to ghgoffsetyerification@arb.ca.gov				••••••••••••••••••••••••••••••••••••••	Pag	ge 1 of 4	

TITLE:	DATE:
ARB Lead Verifier (H2-12-111)	8 January 2014

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EARLY ACTION DESK REVIEW FINDINGS						
ARB Staff	ARB Form Tracking Number:	Date Findings Re	ceived:	Date Findings Processed:		ARB Staff
Use Only	Date Findings Reviewed:	Date More Inforr	nation Requested:	Date Findings Appro	oved:	Use Only
PART	I. VERIFICATION BODY I	NFORMATION				
	Verification Body Name:         Verification Body ID Number:           Environmental Services, Inc.         H2-12-002					
PART	II. EARLY ACTION PROJEC	T INFORMATI	ON			
Garcia	ction Project Name: River Forest			EAOP Project ID#: CAR102	ARB Project CAFR004	
	f Party Requesting Desk Review: onservation Fund					
Reporti	ng Period Start Date: Nuary 2013		Reporting Period E 31 December 20		******	
Note: A	separate Early Action Desk Revi	ew Findings must L	e provided for each	reporting period being	g reviewed.	
Part I	II. ATTACHMENT					
	Report Detailing the Desk Rep	view Findings				
Part I	V. DESK REVIEW FINDING	S SUMMARY				
aş	ere the previously provided offse ssurance to support the issuance ogram?					res No
ca ar	ere the data checks conducted b liculated correctly and demonstropplicable quantitative materiality ethodology?	ate the early action	n offset project data	report meets the	· 🛛 🕅	íes Io
<ol> <li>Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and</li> <li>Y</li> </ol>					(es lo	
Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE						
If the verification body answered <u>"No" to any</u> of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.						
Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING						
SIGNATURE: PRINTED NAME:						
anginging are						
14166	TITLE: DATE:					

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### Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.

peilogi	
ATTESTATION SIGNATURE:	PRINTED NAME: Jonathan A. Pomp
TITLE:	DATE:
ARB Lead Verifier (H2-14-188)	11 March 2015
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER	
I concur with the findings in this form and certify that I the Offset Verification Body on all matters related to the	
ATTESTATION SIGNATURE:	PRINTED NAME: Janice McMahon
TITLE: Sr. Vice President/Technical Director Forestry, Carbon and GHG Services	DATE: 11 March 2015

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