

EARLY ACTION DESK REVIEW FINDINGS

<i>ARB Staff Use Only</i>	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	<i>ARB Staff Use Only</i>
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name: Agri-Waste Technology, Inc.	Verification Body ID Number: H2-13-012
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PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name: Holsum Irish Dairy	EAOP Project ID#: CAR601	ARB Project ID#: CALSO108
Name of Party Requesting Desk Review: Holsum Dairies, LLC (c/o Dr. Bob Nagel) and Ag-Methane Advisors (c/o Patrick Wood)		
Reporting Period Start Date: 4/1/2013	Reporting Period End Date: 3/31/2014	
<i>Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.</i>		

Part III. ATTACHMENT

Report Detailing the Desk Review Findings

Part IV. DESK REVIEW FINDINGS SUMMARY

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 methodology?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 early action reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE


If the verification body answered "No" to any 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:
TITLE:	DATE:


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: Hal Langenbach
TITLE: Lead Verifier	DATE: 6/5/2015

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: Hal Langenbach
TITLE: Lead Verifier	DATE: 6/5/2015