APPLICATION FOR LISTING AN EARLY ACTION PROJECT								
ARB Staff Use Only	Date Application Received:	ARB Tracking Num	ber:	Dat	e Application Re	viewed:		ARB Staff Use Only
PART	I. ENTITY SUBMITTING IN	FORMATION						
Design Notes: 1.	A holder of early action offset cre nor APD has listed or intends to The person completing this form early action offset credits.	action offset cred edits may apply to A list the project.	lits? .RB for listing on	nly if	neither the OPO PD or a holder of	f [	⊠ OPO □ APD □ Hold	ler
OPO/A	PD/Holder Name:	Sugar and regented hand believed to have made	,		CITSS	ID Numb	er (if kno	own):
Street	Address (if different): Address:		City:			State:	Zip: Zip:	
	Completing Form:	Phone Number:	Email Addre	ss:				
Early A	II. EARLY ACTION PROJECtion Project Name: Woods	TINFORMATION	· · · · · · · · · · · · · · · · · · ·		EAOP CAR6	Project I <b>61</b>	D Numb	er:
Locatio	n/Street Address: :h Main Street		City: Willits			State: CA	Zip: 95490	)
Latitud 39.343			Longitude: -123.4378		<u> </u>			
	Project Operator (OPO): Il Ridges LLC, a California Limi Inv	ted Liability	Authorized Pro	ject I	Designee (APD),	if applic	able:	
	oject Listed with EAOP:	Project Commence	ment Date:		Date of Early Ac Quantification M August 31, 20	lethodol	ogy:	
Early A  CA CA CA CA	ction Quantification Methodology: R U.S. Livestock Project R Urban Forest Project R U.S. Ozone Depleting Substa R Forest Project Climate Action Reserve)		Version:  Version:  Version:  Version:	1.0 1.0 1.0 2.1	==			. <b>0</b> !
PART III. VERIFICATION BODIES								
Name o	the names of all verification bodi of Verification Body (1): obal Services	ies associated with t	he early action position has been determined in the large many transfer of Verific and the large many transfer of the large many					
Name o	f Verification Body (3):		Name of Verific	catio	n Body (4):			
Name o	f Verification Body (5):		Name of Verific	catio	n Body (6):			

	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
1.	1/1/2004	12/31/2004	2004
2.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
	1/1/2005	12/31/2005	2005
3.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
J.,	1/1/2006	12/31/2006	2006
4	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
4.	1/1/2007	12/31/2007	2007
5.	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
J.	1/1/2008	12/31/2008	2008
	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
6.	1/1/2009	12/31/2009	2009
	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
. 7.	1/1/2010	12/31/2010	2010
	Start Date of Reporting Period:	End Date of Reporting Period:	Vintage of Issued Credits:
8.	1/1/2011	12/31/2011	2011

## **PART V. SIGNATURE**

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 duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.

SIGNATURE:	PRINTED NAME: James D. Clark
TITLE:	DATE SIGNED:
Drimary Account Penresentative	2/7/2013

APPLICATION FOR LISTING AN EARLY ACTION PROJECT									
ARB Staff Use Only	Date Application Received:	ARB Tracking Num	ber:	Date	Applicat	ion Re	viewed:		ARB Staff Use Only
PART	I. ENTITY SUBMITTING IN	FORMATION							
Design Notes: 1. 2.	A holder of early action offset cre nor APD has listed or intends to The person completing this form early action offset credits.	action offset cred edits may apply to A list the project.	lits? ARB for listing or	nly if n	neither th	ie OPO older of	F	⊠ OPO □ APD □ Hold	ler
OPO/A	PD/Holder Name:		,			CITSS	ID Numb	er (if kno	own):
Mailing	Address (if different):		City:				State:	Zip:	
	Address:		City:		<u> </u>		State:	Zip:	,
	Completing Form:	Phone Number:	Email Addre	ess:					
PART	II. EARLY ACTION PROJECT	TINFORMATION					7		
	ction Project Name: Woods					EAOP CAR6	Project I <b>61</b>	ID Numb	er:
	on/Street Address: th Main Street		City: Willits		•	,	State: CA	Zip: 95490	)
Latitud 39.34			Longitude: -123.4378	-					
Offset	Project Operator (OPO): al Ridges LLC, a California Limi	ted Liability	Authorized Pro	oject D	esignee	(APD),	if applic	able:	
	roject Listed with EAOP: //2010	Project Commence	ment Date:	(	Date of E Quantific August 3	ation M	lethodol	ogy:	
Early A	Action Quantification Methodology: AR U.S. Livestock Project AR Urban Forest Project AR U.S. Ozone Depleting Substa AR Forest Project  Climate Action Reserve)		Version: Version: Version: Version:	1.0 1.0 1.0	☐ 2.0 ☐ 1.1	□ 2.:	1. 🗌 2.		.0
PART III. VERIFICATION BODIES									
Name	e the names of all verification bod of Verification Body (1): lobal Services	ies associated with t	the early action Name of Verifi			):			1
Name	of Verification Body (3):		Name of Verifi	ication	Body (4	):			
Name	of Verification Body (5):		Name of Verifi	ication	Body (6	):			

PART IV. REPORTING PERIODS		
1. Start Date of Reporting Period: 1/1/2012	End Date of Reporting Perio 12/31/2012	d: Vintage of Issued Credits: 2012
PART V. SIGNATURE		
In signing this form, I certify under penalty of contained in this form is true, accurate and contained in this form is true, accurate and contained in the Offset Project holder of Early Action Offset Credits on all materials.	omplete. I further certify to Operator (OPO), Authorize	that I am duly authorized to ed Project Designee (APD), or
SIGNATURE:	PRINTED James D	
TITLE: Primary Account Representative	DATE SIG 4/8/20:	

State of California
California Environmental Protection Agency
California Air Resources Board
APPLICATION FOR LISTING AN EARLY ACTION PROJECT

APPLICATION FOR LISTING AN EARLY ACTION PROJECT									
ARB Staff	ARB Project ID Number:	ARB Form Trackin	g Number:	Date Appl	ication R	eceived	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARB Staff	
Use Only	Date Application Processed:	Date Application I	Reviewed: Date Application Ap		pproved	proved:			
PART	PART I. ENTITY SUBMITTING INFORMATION								
<b>Desig</b> r Notes:	s submitting this form, i.e., the nee (APD), or a holder of early A holder of early action offset cre	action offset cred	lits?		-	:     [	⊠ OPC		
	nor APD has listed the project. The person completing this form early action offset credits.	should be an emplo	oyee of the OPO	or APD or a			Hole		
OPO/A	PD/Holder Name:				CITSS I	D Numb	er (if kn	own):	
Mailing	Address (if different):		City:			State:	Zip:		
Street	Address:		City:			State:	Zip:		
Person	Completing Form:	Phone Number:	Email Addres						
PART	II. EARLY ACTION PROJECT	INFORMATION	A CONTRACTOR						
Willits	ction Project Name: Woods				CAR6			ber:	
	on/Street Address: orth Main Street		City: Willits			State: CA	<b>Zip:</b> 9549	0	
Latitud 39.34	35		Longitude: -123.4378		, '				
	Project Operator (OPO): al Ridges LLC, a California L any	imited Liability	Authorized Proj	ect Designed	≘ (APD),	if applic	able:		
	roject Listed with EAOP:	Project Commence	ment Date:		Early Act		oav.		
07/30	/2010	12/22/2003	<u></u>		t 31, 20		<u> </u>		
CA CA CA CA	ction Quantification Methodology: AR U.S. Livestock Project AR Urban Forest Project AR U.S. Ozone Depleting Substa AR Forest Project E Climate Action Reserve)		Version: 🗌	1.0		. □ 2. . ⊠ 3.		.0	

PART-III. VERIFICATION BODIES.								
	ide the names of all verification boo	dies associated with						
SCS Global Services		Name of Verification Body (2):						
Name of Verification Body (3):		Name of Verifi	cation Body (4):	·				
Nam	e of Verification Body (5):		Name of Verifi	cation Body (6):				
PAF	RT IV. REPORTING PERIODS							
	Reporting Period Start Date:	Reporting Period End Date:		Vintage Year of Issued Credits:	Submitted For ARB Offset Credit Issuance?			
1.	1/1/2013	12/31/2013		2013	⊠ Yes □ No			
2.		·	·		☐ Yes ☐ No			
3.					☐ Yes ☐ No			
4.				•	☐ Yes ☐ No			
<b>ે5</b> .					☐ Yes ☐ No			
6.					☐ Yes ☐ No			
PAR	RT V. SIGNATURE							
cont repr	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 duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.							
	NATURE:		PRINTED NA					
			James D. (					
Prin	є: nary Account Representative		3/11/2014	D:				

APPLICATION FOR LISTIN	G AN EARLY A	CLION BKC	)JECI.					
ARB Project ID Number: ARB Staff	ARB Form Tracking	g Number:	Date Ap	plication Receiv	/ed: ARB Staff			
Use Date Application Processed: Only	leviewed:	Date Ap	plication Appro	ved: Use Only				
PART I. ENTITY SUBMITTING IN	FORMATION							
Who is submitting this form, i.e., th Designee (APD), or a holder of early Notes:  1. A holder of early action offset or nor APD has listed the project. 2. The person completing this form early action offset credits.	<b>dits?</b> ARB for listing or	nly if neither t	he OPO nolder of	⊠ OPO □ APD □ Holder				
OPO/APD/Holder Name:				CITSS ID Num	ber (if known):			
Mailing Address (if different):		City:		State:	Zip:			
Street Address:		City:		State:	Zip:			
Person Completing Form:	Phone Number:	Email Addre	ess:					
PART II. EARLY ACTION PROJECT INFORMATION								
	T INFORMATION	4			100 mg			
Early Action Project Name:	T INFORMATION			EAOP Project CAR661	ID Number:			
	T INFORMATION	City: Willits						
Early Action Project Name: Willits Woods Location/Street Address: 96 North Main Street Latitude: 39.3435	T INFORMATION	City:		CAR661 State:	Zip:			
Early Action Project Name: Willits Woods Location/Street Address: 96 North Main Street Latitude: 39.3435 Offset Project Operator (OPO): Coastal Ridges LLC, a California		City: Willits Longitude: -123.4378	oject Designee	CAR661 State:	zip: 95490			
Early Action Project Name: Willits Woods Location/Street Address: 96 North Main Street Latitude: 39.3435 Offset Project Operator (OPO):		City: Willits Longitude: -123.4378 Authorized Pro	Date of I	CAR661 State: CA (APD), if appli	zip: 95490 cable:			
Early Action Project Name: Willits Woods Location/Street Address: 96 North Main Street Latitude: 39.3435 Offset Project Operator (OPO): Coastal Ridges LLC, a California I Company Date Project Listed with EAOP: 07/30/2010	Limited Liability Project Commence 12/22/2003	City: Willits Longitude: -123.4378 Authorized Pro	Date of P Quantific August	CAR661 State: CA (APD), if appli	zip: 95490 cable:			
Early Action Project Name: Willits Woods Location/Street Address: 96 North Main Street Latitude: 39.3435 Offset Project Operator (OPO): Coastal Ridges LLC, a California I Company Date Project Listed with EAOP:	Limited Liability  Project Commence 12/22/2003 ion: ion: tances Project Ver	City: Willits Longitude: -123.4378 Authorized Pro	Date of P Quantific August	CAR661 State: CA (APD), if appli	zip: 95490 cable:			

PART III. VERIFICATION BODIES									
Provide the names of all verification bodies associated with the early action project.									
	e of Verification Body (1): Global Services		Name of Verification Body (2):						
Nam			Name of Verification Body (4):						
Nam	e of Verification Body (5):		Name	of Verification Bo	dy (6):				
PART IV. REPORTING PERIODS									
Provi	de below each reporting period		ect wh	<del></del>					
	Reporting Period Start Date:	Reporting Period End Date:		Vintage Year(s) of Issued Credits:	Listing with ARB? (New, Previous, No)				
1.	1/1/2014	12/31/2014		2014	⊠ New ☐ Prev. ☐ No				
2.					☐ New ☐ Prev. ☐ No				
3.					☐ New ☐ Prev. ☐ No				
4.					☐ New ☐ Prev. ☐ No				
5.					☐ New ☐ Prev. ☐ No				
6.			•		☐ New ☐ Prev. ☐ No				
7.			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		☐ New ☐ Prev. ☐ No				
8.					☐ New ☐ Prev. ☐ No				
9.					☐ New ☐ Prev. ☐ No				
10.					☐ New ☐ Prev. ☐ No				
11.					☐ New ☐ Prev. ☐ No				
12.					☐ New ☐ Prev. ☐ No				
13.					☐ New ☐ Prev. ☐ No				
	T V. SIGNATURE								
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 duly authorized to represent and legally bind the Offset Project Operator (OPO), Authorized Project Designee (APD), or holder of Early Action Offset Credits on all matters related to this form.									
Carrier Street, Square, Square	ATURE:			NTED NAME:					
			Jar	nes D. Clark					
TITL Prim	≣: nary Account Representativ	re		e signed: /2015					