

**APPLICATION FOR LISTING AN EARLY ACTION PROJECT**

ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	ARB Staff Use Only
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**PART I. ENTITY SUBMITTING INFORMATION**

Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?

Notes:

- A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed or intends to list the project.
- The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.

OPO  
 APD  
 Holder

OPO/APD/Holder Name: [REDACTED] CITSS ID Number (if known): [REDACTED]

Mailing Address (if different): [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Street Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Person Completing Form: [REDACTED] Phone Number: [REDACTED] Email Address: [REDACTED]

**PART II. EARLY ACTION PROJECT INFORMATION**

Early Action Project Name: **Willits Woods** EAOP Project ID Number: **CAR661**

Location/Street Address: **96 North Main Street** City: **Willits** State: **CA** Zip: **95490**

Latitude: **39.3435** Longitude: **-123.4378**

Offset Project Operator (OPO): **Coastal Ridges LLC, a California Limited Liability Company** Authorized Project Designee (APD), if applicable:

Date Project Listed with EAOP: **07/30/2010** Project Commencement Date: **12/22/2003** Date of Early Action Quantification Methodology: **August 31, 2010**

Early Action Quantification Methodology:

<input type="checkbox"/> CAR U.S. Livestock Project	Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0
<input type="checkbox"/> CAR Urban Forest Project	Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1
<input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project	Version: <input type="checkbox"/> 1.0
<input checked="" type="checkbox"/> CAR Forest Project	Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2

(CAR = Climate Action Reserve)

**PART III. VERIFICATION BODIES**

*Provide the names of all verification bodies associated with the early action project.*

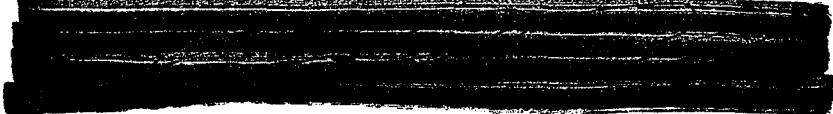
Name of Verification Body (1): <b>SCS Global Services</b>	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

**PART IV. REPORTING PERIODS**

1.	Start Date of Reporting Period: 1/1/2004	End Date of Reporting Period: 12/31/2004	Vintage of Issued Credits: 2004
2.	Start Date of Reporting Period: 1/1/2005	End Date of Reporting Period: 12/31/2005	Vintage of Issued Credits: 2005
3.	Start Date of Reporting Period: 1/1/2006	End Date of Reporting Period: 12/31/2006	Vintage of Issued Credits: 2006
4.	Start Date of Reporting Period: 1/1/2007	End Date of Reporting Period: 12/31/2007	Vintage of Issued Credits: 2007
5.	Start Date of Reporting Period: 1/1/2008	End Date of Reporting Period: 12/31/2008	Vintage of Issued Credits: 2008
6.	Start Date of Reporting Period: 1/1/2009	End Date of Reporting Period: 12/31/2009	Vintage of Issued Credits: 2009
7.	Start Date of Reporting Period: 1/1/2010	End Date of Reporting Period: 12/31/2010	Vintage of Issued Credits: 2010
8.	Start Date of Reporting Period: 1/1/2011	End Date of Reporting Period: 12/31/2011	Vintage of Issued Credits: 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:**  
Primary Account Representative**DATE SIGNED:**  
2/7/2013

APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	Date Application Received:	ARB Tracking Number:	Date Application Reviewed:	ARB Staff Use Only
<b>PART I. ENTITY SUBMITTING INFORMATION</b>				
Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> Holder
Notes:				
1. A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed or intends to list the project. 2. The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.				
OPO/APD/Holder Name:			CITSS ID Number (if known):	
Mailing Address (if different):			City:	State: Zip:
Street Address:			City:	State: Zip:
Person Completing Form:	Phone Number:	Email Address:		
<b>PART II. EARLY ACTION PROJECT INFORMATION</b>				
Early Action Project Name:			EAOP Project ID Number:	
Willits Woods			CAR661	
Location/Street Address:		City:	State:	Zip:
96 North Main Street		Willits	CA	95490
Latitude:		Longitude:		
39.3435		-123.4378		
Offset Project Operator (OPO):		Authorized Project Designee (APD), if applicable:		
Coastal Ridges LLC, a California Limited Liability Company				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
07/30/2010	12/22/2003	August 31, 2010		
Early Action Quantification Methodology:				
<input type="checkbox"/> CAR U.S. Livestock Project		Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0		
<input type="checkbox"/> CAR Urban Forest Project		Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1		
<input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project		Version: <input type="checkbox"/> 1.0		
<input checked="" type="checkbox"/> CAR Forest Project		Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2		
(CAR = Climate Action Reserve)				
<b>PART III. VERIFICATION BODIES</b>				
Provide the names of all verification bodies associated with the early action project.				
Name of Verification Body (1):		Name of Verification Body (2):		
SCS Global Services				
Name of Verification Body (3):		Name of Verification Body (4):		
Name of Verification Body (5):		Name of Verification Body (6):		

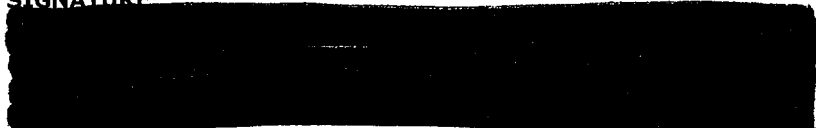
**PART IV. REPORTING PERIODS**

1.	Start Date of Reporting Period: 1/1/2012	End Date of Reporting Period: 12/31/2012	Vintage of Issued Credits: 2012
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**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. ClarkTITLE:  
Primary Account RepresentativeDATE SIGNED:  
4/8/2013

APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
ARB Staff Use Only	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	
<b>PART I. ENTITY SUBMITTING INFORMATION</b>				
<b>Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits?</b> Notes: 1. A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project. 2. The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> Holder
OPO/APD/Holder Name:			CITSS ID Number (if known):	
Mailing Address (if different):		City:	State:	Zip:
Street Address:		City:	State:	Zip:
Person Completing Form:	Phone Number:	Email Address:		
<b>PART II. EARLY ACTION PROJECT INFORMATION</b>				
Early Action Project Name:			EAOP Project ID Number:	
Location/Street Address:			City:	State: Zip:
Latitude:			Longitude:	
Offset Project Operator (OPO):			Authorized Project Designee (APD), if applicable:	
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
Early Action Quantification Methodology: <input type="checkbox"/> CAR U.S. Livestock Project      Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0 <input type="checkbox"/> CAR Urban Forest Project      Version: <input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1 <input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project      Version: <input type="checkbox"/> 1.0 <input checked="" type="checkbox"/> CAR Forest Project      Version: <input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2 (CAR = Climate Action Reserve)				

**PART III. VERIFICATION BODIES**

*Provide the names of all verification bodies associated with the early action project.*


Name of Verification Body (1): SCS Global Services	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):

**PART 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**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: Primary Account Representative	DATE SIGNED: 3/11/2014

APPLICATION FOR LISTING AN EARLY ACTION PROJECT				
<b>ARB Staff Use Only</b>	ARB Project ID Number:	ARB Form Tracking Number:	Date Application Received:	
	Date Application Processed:	Date Application Reviewed:	Date Application Approved:	
<b>PART I. ENTITY SUBMITTING INFORMATION</b>				
Who is submitting this form, i.e., the Offset Project Operator (OPO), Authorized Project Designee (APD), or a holder of early action offset credits? Notes: <ol style="list-style-type: none"> <li>A holder of early action offset credits may apply to ARB for listing only if neither the OPO nor APD has listed the project.</li> <li>The person completing this form should be an employee of the OPO or APD or a holder of early action offset credits.</li> </ol>				<input checked="" type="checkbox"/> OPO <input type="checkbox"/> APD <input type="checkbox"/> Holder
OPO/APD/Holder Name:			CITSS ID Number (if known):	
Mailing Address (if different):		City:	State:	Zip:
Street Address:		City:	State:	Zip:
Person Completing Form:	Phone Number:	Email Address:		
<b>PART II. EARLY ACTION PROJECT INFORMATION</b>				
Early Action Project Name:			EAOP Project ID Number:	
Willits Woods			CAR661	
Location/Street Address:		City:	State:	Zip:
96 North Main Street		Willits	CA	95490
Latitude:		Longitude:		
39.3435		-123.4378		
Offset Project Operator (OPO):			Authorized Project Designee (APD), if applicable:	
Coastal Ridges LLC, a California Limited Liability Company				
Date Project Listed with EAOP:	Project Commencement Date:	Date of Early Action Quantification Methodology:		
07/30/2010	12/22/2003	August 31, 2010		
Early Action Quantification Methodology:		Version:		
<input type="checkbox"/> CAR U.S. Livestock Project Version:		<input type="checkbox"/> 1.0 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.1 <input type="checkbox"/> 2.2 <input type="checkbox"/> 3.0		
<input type="checkbox"/> CAR Urban Forest Project Version:		<input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1		
<input type="checkbox"/> CAR U.S. Ozone Depleting Substances Project Version:		<input type="checkbox"/> 1.0		
<input checked="" type="checkbox"/> CAR Forest Project Version:		<input type="checkbox"/> 2.1 <input type="checkbox"/> 3.0 <input type="checkbox"/> 3.1 <input checked="" type="checkbox"/> 3.2		
<input type="checkbox"/> CAR Coal Mine Methane Project Version:		<input type="checkbox"/> 1.0 <input type="checkbox"/> 1.1		
<input type="checkbox"/> VCS VMR0001*				
<input type="checkbox"/> VCS VMR0002*				
(*Note: See instructions for full name.) (CAR = Climate Action Reserve; VCS = Verified Carbon Standard)				

**PART III. VERIFICATION BODIES**

Provide the names of all verification bodies associated with the early action project.

Name of Verification Body (1): SCS Global Services	Name of Verification Body (2):
Name of Verification Body (3):	Name of Verification Body (4):
Name of Verification Body (5):	Name of Verification Body (6):


**PART IV. REPORTING PERIODS**

Provide below each reporting period for the early action project which have been issued early action credits.

	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	<input checked="" type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
2.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
3.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
4.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
5.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
6.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
7.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
8.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
9.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
10.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
11.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
12.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No
13.				<input type="checkbox"/> New <input type="checkbox"/> Prev. <input type="checkbox"/> No

**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: Primary Account Representative	DATE SIGNED: 4/1/2015