OFFSI	ET VERIFICATION S	TATEMENT					
OPR Staff Use Only	Date Statement Received:	OPR Tracking Number			Date Stater	nent Reviewed:	OPR Staff Use Only
PART I	. OFFSET PROJECT INE	ORMATION					
	roject Name: n Eck Forest			PR Proj AR101	ect ID#:	ARB Project ID# (if CAFR0049	known):
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	. van Eck Forest Founda			acific F	orest Tru	والمستحد والمستخذ الماست المتعالية والمعتد الأسماع الأمر والمستحد والمستحد ويرا	
	Reporting Period Start Date:Reporting Period End Date:Final OPDR's Total GHG Reductions:01/01/200612/31/200657,341						
PART I	I. VERIFICATION INFO	RMATION					
	Verification Body (VB) Name: VB ID Number:						
	mental Services, Inc.	Cintamant attact that t	ho cubr	aittad (vffaat	H2-12-002	
Pro	oject Data Report is reaso sstatement?					⊠ Yes □ No	
Pro qu Tra	es this Offset Verification oject Data Report is reason antification, monitoring, a ade Regulation?	nably assured of being i nd metering requirement	n confo nts of tl	rmance 1e Cap-	e with the and-	⊠ Yes □ No	
Pro rec	es this Offset Verification oject is reasonably assure quirements of the Cap & Ti cal, regional, and national	d of being in conforman ade Regulation and in c	ce with complia	all oth	er	⊠ Yes □ No	
Ve	a result of the three attes rification Statement? (see ote: Qualified Positive is not allow	table in attached instructi		I Offset		 ☑ Positive ☑ Qualified P ☑ Adverse 	ositive
	alifying Statement (require		r Advers	e Offse	t Verificatio	n Statements):	
Part II	I. ATTESTATIONS AND	SIGNATURES					
Part III.	A Lead Verifier						
As the lo of Califo sections accurate	Part III.A Lead Verifier As the lead verifier for this offset verification, I certify under penalty of perjury under the laws of the State of California that the offset verification team has carried out all offset verification services as required by sections 95977.1, 95977.2, and the applicable Compliance Offset Protocol and the findings are true, accurate, and complete and have been independently reviewed by an independent reviewer as required under sections 95977.1(b)(3)(R)(1.) through 95977.1(b)(3)(R)(3.).						ed by
SIGNATU	JRE:		PRINTED Stewart				у н 1. актро – с
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TITLE: ARB Le	ead Verifier (H2-12-111)		<mark>DATE:</mark> 21 Aug Revised		l4 August 20	14	
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ISD/CCPEB #24 (Rev 8/14)

Doub III D. Indonondon' Poviewov	La se a contra contra contra contra contra de la contra de
Part III.B Independent Reviewer As the independent reviewer, I certify under penalty of	periury under the laws of the State of California
that I have conducted an independent review of the off the verification body as required by this article and tha	set verification services and findings on behalf of
SIGNATURE:	PRINTED NAME:
	Shawn McMahon
	·
	DATE: 21 August 2014
ARB Lead Verifier (H2-13-164)	21 August 2014 Revised – 28 August 2014
Part III.C Verification Body Officer	Neviseu – zo August zo 14
I concur with the verification opinion rendered in this (Offset Verification Statement, and I certify that I am
duly authorized to represent and legally bind the Offse	
form. SIGNATURE:	PRINTED NAME:
SIGNATORE.	Janice McMahon
	a da ser a ser a ser a ser a ser a contra contra de ser a
TITLE:	DATE:
Vice President and Regional Technical Manager	21 August 2014
Forestry, Carbon, and GHG Services	Revised – 28 August 2014
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	roject Name:			OPR Proj		ARB Project ID# (if	known):
OPO Nan	n Eck Forest			CAR10	e (if applica	CAFR0049	
	. van Eck Forest Foundat	ion for Purdue Universi			Forest Tru		
Reporting Period Start Date:Reporting Period End Date:Final OPDR's Total GHG Reductions01/01/200712/31/2007116,364						tions:	
PART I	I. VERIFICATION INFO	RMATION					
	ion Body (VB) Name:		NUMBER OF STREET,			VB ID Number:	
and the second	mental Services, Inc.	Statamont attact that th	a cub	mittad ()ffeat	H2-12-002	
Pro mi	oject Data Report is reasor sstatement?	ably assured of being fr	ee of	offset n	naterial	Yes	
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3. Do Pro rea	es this Offset Verification oject is reasonably assured quirements of the Cap & Tr cal, regional, and national (l of being in conformance ade Regulation and in co	e wit ompli	h all oth	er	X Yes	
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	ote: Qualified Positive is not allow alifying Statement (required		Adver	se Offse	t Verificati	on Statements):	
		an a					
Part II	I. ATTESTATIONS AND	SIGNATURES					
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TITLE: ARB Le	ARB Lead Verifier (H2-12-111) Revised – 28 August 2014						

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		ted an indepe						
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		and the second se						
TITLE:			·····		DATE:		·····	
ARB Lea	d Verifie	r (H2-13-164)	· .		21 August	2014		
		(, , , , , , , , , , , , , , , , , , ,				28 August 2	2014	
Part III.C	Verificatio	n Body Officer	trainin ferra		11001000			
			inion rende	red in this C	ffset Verific	ation Statem	ent, and I o	certify that I am
		represent and						
form.								
SIGNATUR	E:		·····		PRINTED NA			
					Janice Mc	Mahon		
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	and the second							
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TITLE:					DATE:			
Vice Pre	sident an	d Regional Te	echnical Ma	anager	21 August	2014	· · · ·	
		and GHG Se			Revised -	28 August 2	2014	· · ·
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Submit the information in this form to the appropriate Offset Project Registry

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OFFSE	T VERIFICATION ST	ATEMENT				
OPR Staff Use Only	Date Statement Received:	OPR Tracking Number		Date Stater	nent Reviewed:	OPR Staff Use Only
PART I	. OFFSET PROJECT INFO	RMATION				nosis Sector
	oject Name: n Eck Forest		CAR10		ARB Project ID# (if CAFR0049	known):
OPO Nan				ne (if applica		
	van Eck Forest Foundatio	The second se		Forest Tru		
01/01/2	-	Reporting Period End Dat 2/31/2008	.e:	33,709	₹′s Total GHG Reduc	tions:
PARTI	I. VERIFICATION INFOR	MATION				
	on Body (VB) Name: mental Services, Inc.				VB ID Number: H2-12-002	
Pro	es this Offset Verification Sl bject Data Report is reasona sstatement?				⊠ Yes □ No	-
Pro qua Tra	es this Offset Verification St oject Data Report is reasona antification, monitoring, and ide Regulation?	bly assured of being i d metering requireme	in conformanc nts of the Cap	e with the -and-	⊠ Yes □ No	, ,
Pro rec loc	es this Offset Verification St oject is reasonably assured quirements of the Cap & Tra al, regional, and national re	of being in conforman de Regulation and in gulatory requirement	ce with all oth compliance wi s?	ier th all	⊠ Yes □ No	
Vei (No	a result of the three attesta rification Statement? (see ta te: Qualified Positive is not allowed	able in attached instruct	ions)		Positive Qualified P Adverse	ositive
5. Qu	alifying Statement (required)	for Qualified Positive o	r Adverse Offso	et Verificatio	n Statements):	
Part III		IGNATURES				
As the le of Califo sections accurate	A Lead Verifier ead verifier for this offset verifical ornia that the offset verifical o 95977.1, 95977.2, and the e, and complete and have be ections 95977.1(b)(3)(R)(1 RE:	tion team has carried applicable Complianc een independently rev .) through 95977.1(b)	out all offset v e Offset Proto iewed by an in	verification col and the ndependent	services as requir findings are true,	ed by
			Stewart McM	orrow		
and the second					· · · ·	
TITLE: ARB Le	ad Verifier (H2-12-111)		DATE: 21 August 20 Revised – 28		14	
		Submit the informatic	on in this form	to	Page I of 5	

1. A second sec second sec

the appropriate Offset Project Registry

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Part III.B Independent Reviewer		<mark>n - Tanan an an</mark>	
	certify under penalty o	f perjury under the laws of the S	tate of California
that I have conducted an indep	endent review of the of	fset verification services and fine	lings on behalf of
	ed by this article and the	t the findings are true, accurate	and complete.
SIGNATURE:		PRINTED NAME: Shawn McMahon	;
		Onawin Meinanon	* y
	-		
TITLE:	an a fa sa fa	DATE:	
ARB Lead Verifier (H2-13-164	1)	21 August 2014	
		Revised – 28 August 2014	
Part III.C Verification Body Officer	ويسترك المتحال المتحالية بالمتحالية والمتعال ومتتقد ومشروبان وشت متصحا ومختلياتها ومصادرتها ومجمعة ومجمع ومروعه ومعاو		
		Offset Verification Statement, an t Verification Body on all matters	
SIGNATURE:		PRINTED NAME:	
		Janice McMahon	
			· · · · · · · · · · · · · · · · · · ·
TTLE:		DATE:	an a
/ice President and Regional 7		21 August 2014	
Forestry, Carbon, and GHG S	ervices	Revised – 28 August 2014	an a
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OFFSI	ET VERIFICATION S					- Service Serv
OPR Staff Use Only	Date Statement Received:	OPR Tracking Number:		Date State	ement Reviewed:	OPR Staff Use Only
PART I	OFFSET PROJECT INF	ORMATION				
	roject Name:	ana a sana ang kanang ang kanang dan na dan nang kana pang na panang kanang na pang na pang na pang na pang pa Kana pang pang pang nang tang kanang dan nang tang pang pang na pang na pang nang pang na pang na pang pang		oject ID#:	ARB Project ID# (i	if known):
	n Eck Forest		CAR1		CAFR0049	
OPO Nar Fred M	^{ne:} . van Eck Forest Founda	tion for Purdue University		ime (if application of the second sec		
and the second sec	g Period Start Date:	Reporting Period End Date:		and some state of the second	R's Total GHG Redu	ctions:
	01/01/2009 12/31/2009 51,065					
PART I	I. VERIFICATION INFO	RMATION				
	ion Body (VB) Name:				VB ID Number:	
	mental Services, Inc.				H2-12-002	
	es this Offset Verification oject Data Report is reaso				⊠ Yes	
mi	sstatement?					
	es this Offset Verification				🕅 Yes	
	oject Data Report is reaso antification, monitoring, a				No	
Tra	ade Regulation?			-		
	es this Offset Verification				X Yes	· · · ·
	oject is reasonably assure quirements of the Cap & T				No res	n en en en el constante en en el constante en en el constante en el const
loc	cal, regional, and national	regulatory requirements?				
	a result of the three attes rification Statement? (see			et	Positive	
ve	mication Statement: (See	i lable ili allacheu ilisuuciuli	> /		Qualified	Positive
	te: Qualified Positive is not allow			ant Maulflandi		nn san
5. Qu	alifying Statement (require	d for Qualified Positive of A	averse Off	set verificati	on Statements):	
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Part II	I. ATTESTATIONS AND	CTCNATIDEC				
	A Lead Verifier ead verifier for this offset	verification. I certify unde	r penalty	of periury u	nder the laws of t	he State
of Califo	ornia that the offset verific	ation team has carried ou	t all offset	verification	i services as requi	red by
	s 95977.1, 95977.2, and the and complete and have					
	ections 95977.1(b)(3)(R)			muepenuen	t reviewer as requ	meu
SIGNATU		PRI	INTED NAM			
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TITLE:	ad Varifiar (U2 42 114)	DA [*]		011		
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Part III.B Independent Reviewer	
As the independent reviewer, I certify under penalty of	
that I have conducted an independent review of the offs the verification body as required by this article and that	t the findings are true, accurate, and complete.
SIGNATURE:	PRINTED NAME: Shawn McMahon
	Snawn McManon
	DATE:
ARB Lead Verifier (H2-13-164)	21 August 2014 Revised – 28 August 2014
Part III.C Verification Body Officer	
I concur with the verification opinion rendered in this O duly authorized to represent and legally bind the Offset	
form.	
SIGNATURE:	PRINTED NAME: Janice McMahon
and the second	
TITLE:	DATE:
Vice President and Regional Technical Manager Forestry, Carbon, and GHG Services	21 August 2014 Revised – 28 August 2014
	· · ·
Submit the informati	

OFFS	ET VERIFICATION S	TATEMENT					
OPR Staff Use Only	Date Statement Received:	OPR Tracking Numbe	>r:		Date State	ment Reviewed:	OPR Staff Use Only
PART I	. OFFSET PROJECT INF	ORMATION					
	roject Name: In Eck Forest			OPR Project ID#: CAR101		ARB Project ID# (i CAFR0049	if known) :
OPO Nar			APD Name (if applicable):				
	I. van Eck Forest Foundat						
Reporting Period Start Date:Reporting Period End Date:Final OPD01/01/201012/31/201023,342						R S IVIAI UNU KEQU	
PART I	II. VERIFICATION INFO	RMATION					
	tion Body (VB) Name: Amental Services, Inc.					VB ID Number: H2-12-002	
Pr	oes this Offset Verification oject Data Report is reaso isstatement?					⊠ Yes □ No	
2. Do Pr qu Tr	misstatement? Image: Comparison of the submitted of the submit						
Pr re loc	3. Does this Offset Verification Statement attest that the submitted Offset Project is reasonably assured of being in conformance with all other requirements of the Cap & Trade Regulation and in compliance with all local, regional, and national regulatory requirements?						-
Ve	a result of the three attes erification Statement? (see ote: Qualified Positive is not allow	table in attached instruc	tions)	nal Offse	t	 ☑ Positive ☑ Qualified ☑ Adverse 	Positive
	alifying Statement (required			erse Offse	et Verificatio	on Statements):	
Part II	I. ATTESTATIONS AND	SIGNATURES					
	A Lead Verifier	A THE OWNER A DESIGN OF A D		Contraction of the second	- 5.5 8922 J		
of Califo section accurat	ead verifier for this offset ornia that the offset verific s 95977.1, 95977.2, and th e, and complete and have sections 95977.1(b)(3)(R)(ation team has carried le applicable Complian been independently re	l out a ce Off viewe	ll offset v set Proto d by an ir	verification col and the	services as requi findings are true	red by
SIGNATI	URE:		PRINT	ED NAME:		-	
			Stew	art McM	, ,		
TITLE: ARB Le	ead Verifier (H2-12-111)			ugust 20	14 August 20)14	
			,			•	

Part III.B Independent Reviewer	
As the independent reviewer, I certify under penalty o	
that I have conducted an independent review of the of the verification body as required by this article and the	
SIGNATURE:	PRINTED NAME:
	Shawn McMahon
TITLE:	DATE:
ARB Lead Verifier (H2-13-164)	21 August 2014
	Revised – 28 August 2014
Part III.C Verification Body Officer	
I concur with the verification opinion rendered in this duly authorized to represent and legally bind the Offse form.	
SIGNATURE:	
	PRINTED NAME:
	PRINTED NAME: Janice McMahon
TITLE:	Janice McMahon DATE:
TITLE: Vice President and Regional Technical Manager Forestry, Carbon, and GHG Services	Janice McMahon

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ISD/CCPEB #24 (Rev 8/14)

OFFSI	T VERIFICATION ST	ATEMENT					
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				OPR Proj	ect IN#-	ARS Project ID# (i	f known).
4	oject Name: n Eck Forest			CAR10		CAFR0049	r known):
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PART I	I. VERIFICATION INFOR	RMATION					
Verificat	ion Body (VB) Name:					VB ID Number:	
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3. Do Pro rec	es this Offset Verification S oject is reasonably assured quirements of the Cap & Tra al, regional, and national r	of being in conformat ade Regulation and in	nce wi compl	th all oth	ier.	⊠ Yes □ No	
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SIGNAT	IRE:			ed name: art McMo		and a second	
TITLE: ARB Le	ead Verifier (H2-12-111)			igust 20	14 August 20)14	
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Part III.B Independent Reviewer	
As the independent reviewer, I certify under penalty of that I have conducted an independent review of the offs	set verification services and findings on behalf of
the verification body as required by this article and that SIGNATURE:	PRINTED NAME:
	Shawn McMahon
Martin and an and a second second	
TITLE:	DATE:
ARB Lead Verifier (H2-13-164)	21 August 2014
	Revised – 28 August 2014
Part III.C Verification Body Officer	
I concur with the verification opinion rendered in this O duly authorized to represent and legally bind the Offset form.	Verification Body on all matters related to this
SIGNATURE:	PRINTED NAME:
	Janice McMahon
	· · · · · · · · · · · · · · · · · · ·
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TITLE: Vice President and Regional Technical Manager	DATE: 21 August 2014
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OFFSET VERIFICATION STATEMENT								
<i>OPR</i> Staff Use Only	Date Statement Received:	OPR Tracking Numbe	OPR Tracking Number: Date State		ment Reviewed:	OPR Staff Use Only		
PART I. OFFSET PROJECT INFORMATION								
Offset Project Name: The Van Eck Forest OPR Project ID#: CAR101						ARB Project ID# (if CAFR0049	f known):	
OPO Name: Fred M. van Eck Forest Foundation for Purdue University Pacific Forest Trust Inc.								
						st mc. R's Total GHG Reduc	tions:	
PART II. VERIFICATION INFORMATION								
Verification Body (VB) Name:VB ID Number:Environmental Services, Inc.H2-12-002								
 Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being free of offset material misstatement? 						X Yes		
2. Does this Offset Verification Statement attest that the submitted Offset Project Data Report is reasonably assured of being in conformance with the quantification, monitoring, and metering requirements of the Cap-and-								
3. Does this Offset Verification Statement attest that the submitted Offset Project is reasonably assured of being in conformance with all other requirements of the Cap & Trade Regulation and in compliance with all local, regional, and national regulatory requirements?								
4. As a result of the three attestations above, what is the Final Offset Image: Section Statement? Verification Statement? (see table in attached instructions) Image: Section Statement? (Note: Qualified Positive is not allowed for U.S. Forest projects.) Image: Section Statement? Image: Section Statement?							>ositive	
5. Qualifying Statement (required for Qualified Positive or Adverse Offset Verification Statements):								
Part III. ATTESTATIONS AND SIGNATURES								
Part III.A Lead Verifier As the lead verifier for this offset verification, I certify under penalty of perjury under the laws of the State of California that the offset verification team has carried out all offset verification services as required by sections 95977.1, 95977.2, and the applicable Compliance Offset Protocol and the findings are true, accurate, and complete and have been independently reviewed by an independent reviewer as required under sections 95977.1(b)(3)(R)(1.) through 95977.1(b)(3)(R)(3.). SIGNATURE: PRINTED NAME:								
				art McMc	orrow			
TITLE: ARB Le	ead Verifier (H2-12-111)			igust 201 ed – 28 /	14 August 20	14		
							,	

Part III.B Independent Reviewer							
As the independent reviewer, I certify under penalty of perjury under the laws of the State of California							
that I have conducted an independent review of the offset verification services and findings on behalf of							
the verification body as required by this article and that the findings are true, accurate, and complete.							
SIGNATURE:	PRINTED NAME:						
	Shawn McMahon						
	DATE:						
ARB Lead Verifier (H2-13-164)	21 August 2014						
	Revised – 28 August 2014						
Part III.C Verification Body Officer							
I concur with the verification opinion rendered in this Offset Verification Statement, and I 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:						
SIGNATURE:	Janice McMahon						
	Jance Molivation						
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	DATE:						
Vice President and Regional Technical Manager	21 August 2014						
Forestry, Carbon, and GHG Services	Revised – 28 August 2014						
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