

**New York State Department of Environmental Conservation
Division of Environmental Permits, Region 9**

270 Michigan Avenue, Buffalo, New York 14203-2915

Phone: (716) 851-7165 Fax: (716) 851-7168

Website: www.dec.ny.gov



Joe Martens
Commissioner

September 16, 2013

Mr. Bruce Bailey
Sustainable BioPower, LLC
50 Public Square – Suite 1060
Cleveland, Ohio 44113

**PERMIT TRANSFER
BUFFALO BIOENERGY
ANAEROBIC DIGESTION FACILITY
DEC NO. 9-1468-00224/00001 – SOLID WASTE
DEC NO. 9-1468-00224/00002 – AIR STATE FACILITY
TOWN OF WEST SENECA, ERIE COUNTY**

Dear Mr. Bailey:

The purpose of this letter is to transfer the Solid Waste Management Facility and Air State Facility permits for the above-referenced facility from Sustainable BioVolt, LLC to Sustainable BioPower, LLC. Sustainable BioPower, LLC is now responsible for operating and maintaining this facility in compliance with all terms and conditions of the SPDES and Air permits. An updated Air State Facility permit is enclosed for your records.

The DEC permit number and Program ID number, if applicable, should be retained for your records and should be referenced on all future correspondence and applications related to these permits. If modifications are desired after permit issuance, you must submit the proposed revisions and receive written approval from the Permit Administrator prior to initiating any change. If the Department determines that the modification represents a material change in the scope of the authorized project, activity, operation or permit conditions, you will be required to submit a new application for permit.

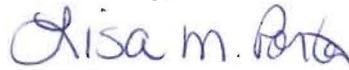
Please note the expiration date of the permits. Applications for permit renewal should be made well in advance of the expiration date and submitted to the Regional Permit Administrator at the above address. For SPDES, Solid Waste and Hazardous Waste, and Air Permits, renewals must be made at least 180 days prior to the expiration date.

PLEASE REVIEW ALL PERMIT CONDITIONS CAREFULLY, INCLUDING ANY MONITORING REQUIREMENTS AND/OR COMPLIANCE SCHEDULE THAT MAY BE REQUIRED. IN PARTICULAR, IDENTIFY YOUR INITIAL RESPONSIBILITIES UNDER THESE PERMITS IN ORDER TO ASSURE TIMELY ACTION AND AVOID LATE REPORTING IF REQUIRED. SINCE FAILURE TO COMPLY PRECISELY WITH PERMIT CONDITIONS MAY BE TREATED AS A VIOLATION OF THE ENVIRONMENTAL CONSERVATION LAW, YOU ARE REQUESTED TO PROVIDE A COPY OF THE PERMIT TO THE PROJECT CONTRACTOR, FACILITY OPERATOR, AND OTHER PERSONS DIRECTLY RESPONSIBLE FOR PERMIT IMPLEMENTATION (IF ANY).

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If you have any questions regarding this permit transfer, you may contact me at 716/851-7165.

Sincerely,



Lisa M. Porter
Deputy Regional Permit Administrator

Enclosures: Validated Permit Transfer Form
Air State Facility Permit

ecc with enclosure: Mr. Dennis Weiss, NYSDEC Division of Materials Management;
attn: Ms. Efrat Forgette
Mr. Alfred Carlacci, NYSDEC Division of Air Resources;
attn: Ms. Marcia Ladiana



Application For Permit Transfer and Application for Transfer of Pending Application

NOTE: Please read ALL instructions before completing this application. Please TYPE or PRINT clearly in ink.

PART 1 - TRANSFEREE (New Owner/Operator/Lessee/Applicant) Completes:

1. List Permit Number(s) And Their Effective And Expiration Dates: 9-1468-00224/00001; 9-1468-00224/00002; exp 4/4/2018 List Pending Application Number(s):

2. Name Of Transferee: Sustainable BioPower Telephone Number (Daytime): (216) 416-3801 Transferee is a/an: (check all that apply) [X] Owner [] Operator [] Lessee [] Applicant Mailing Address: 50 Public Square - Suite 160 Post Office City, State, Zip Code: Cleveland, Ohio 44113 Email: bbailey@quasareg.com Taxpayer ID Number: 32-0360348

3. Name Of Facility/Project: Buffalo BioEnergy Anaerobic Digester Location (or Street Address, P.O. City, State, Zip Code, if applicable): 2900 North American Drive Town / Village / City: West Seneca County: Erie 4. Facility Contact Name: Buffalo BioEnergy Telephone Number (Daytime): (216) 986-9999 Mailing Address: 2900 North American Drive Post Office City, State, Zip Code: West Seneca, NY Email: bbailey@quasareg.com

5. Has Work Begun On The Project? Yes [X] No [] If "No," proposed starting date: Approximate completion date: Sept. 1, 2013 If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.

6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Printed Name and Title of Transferee: Bruce Bailey, VP of Technical Affairs Signature of Transferee: [Signature] Date: Sept. 1, 2013

PART 2 - TRANSFEROR (Present or Former Owner/Operator/Lessee/Applicant) Completes:

1. Name Of Transferor: Sustainable BioVolt Telephone Number (Daytime): (216) 267-1200 If other than an individual, provide Taxpayer ID Number: 37-1655158 Mailing Address: 50 Public Square - Suite 160 Post Office City, State, Zip Code: Cleveland, OH 44113 Email: bbailey@quasareg.com

2. Name Of Facility/Project, if different from Facility Name in Part 1:

3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form [] will be / [] was conveyed to the party identified as the Transferee on August 15, 2013 (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above. Printed Name and Title of Transferor: Bruce Bailey, VP of Technical Affairs Signature of Transferor: [Signature] Date: Sept. 1, 2013

PART 3 - PERMIT TRANSFER VALIDATION SECTION - Department Of Environmental Conservation Completes:

[X] Transfer of permit approved, effective as of 9/16/13. Transferee subject to conditions of original permit, without exception. [] Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer:

Blank lines for modifications or contingencies.

[] See attached revised permit page(s): [] Transfer of application approved. See attached for additional information required. [] Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.

Lisa M. Porter Signature: [Signature] Date: 9/16/13 NYSDEC PERMIT ADMINISTRATOR SIGNATURE DATE

copies to:

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