Exhibit H

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2016

U.S. Department of La

Occupational Safety and Health Admin

Form approved OMB no. 1:

OSHA's Form 300 (Rev. 01/2004)

Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name: Big Ox Energy Siouxland LLC

City: Denmark State: WI

Identify the person | Describe the case | Classify the case

First day starts the day after the actual injury or illness, count all holiday's, weekends, vacations days in the number of days away from work or work restriction

(A) Case No.	(B) First and Last Name, ID Number (last 4 of social security)	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo./day)	(E) Where the event occurred (e.g. Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g. Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case: Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other record-able cases (J)	Enter the number of days the injured or ill worker was: Away From Work (days) (K)	On job transfer or restriction (days) (L)	(M) Check the "injury" column or choose one type of illness: Injury (1)	Skin Disorder (2)	Respiratory Condition (3)	Poisoning (4)	Hearing Loss (5)	All other illnesses (6)
	Robert Hirsch	Maintenance RNG Technician	09/29/2016	Machine	Broken Left Middle Finger			X			32	x					
	Stuart Gray	Lead RNG Technician	10/15/2016	Taking Samples	Slipped hurt lower back			X			60	x					
	Robert Hirsch	Maintenance RNG Technician	10/29/2016	Fixing a Chain	Rib Contusion			X			46	x					
	Jody Lane	RNG Technician	12/04/2016	Working with hose	Broken Nose			x			25	x					
	Michael Nelson	Owner's Mechanical Rep	12/14/2016	Exposed to H2S	Broken Shoulder			x			16	x					
	Luis Perez	Feedstock Processor	12/19/2016	Carrying a pipe	Acute Lumbar Strain/Sprain			x			15	x					
					Page totals	0	0	6	0	0	194	6	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
	(1)	(2)	(3)	(4)	(5)	(6)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.