

Please complete in typescript, or in bold black capitals.

217043120

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited

CHWP000		Liability Fartitership			
	se leave this box blank	00312204			
	Name of Limited	ICEFALL LIM	ITEN LIAM	SILITY	
	ility Partnership	PARTNERSHIP		,	
Situation of Register Off		1 1 May 1 1 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Registered Office Address	13 BIDDULPH S	STREET		
Post town		LEICESTER			
PO Box number only is not acceptable	County / Region	LOUSTERSHIRE	UK Postcode	LEZ 13H	
Will all Members from time to time be designated members?		YES	NO	If no, at least two of the listed members must be	
(List members overleaf) Number of continuation sheets attached to this application for incorporation				designated members	
		I certify that I am a: (Please tick ap	noropriato boy)		
		Solicitor engaged in the formation of this LLP			
		Member named overleaf of the LLP And that the two or more persons named overleaf are associated for			
		carrying on a lawful business wi			
	Signed	B wo Word	Date	7" MARCH 2005	
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.					
		Tel 0116 254 1403			
		E-mail			
		When you have completed and Registrar of Companies at:	signed the form pl	ease send it to the	

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COMPANIES HOUSE Form April 2002

09/03/05

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2

List of Members on Incorporation				
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name Forename(s)	LANGFORD ANDREW JOHN		
their name Member Reference Number * (as advised by Companies House)		Date of Day Month Year Birth 18041949		
11 Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	th Usual Residential Address (or registered or principal office address in the case of a corporation or Post town County / Region Country	12 DRORINGE DAKTINGTON TOTNES DEVON Postcode TQ9 6JQ ENGLAND		
		I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member)		
* Voluntary information	Signed	(Member to sign and date) Date Texts. 2005		
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name Forename(s)	WOOD BRUCE ARTHUR		
their name Memb	er Reference Number * (as advised by Companies House)	Date of Day Month Year Birth 2 4 10 1935		
†† Usi †† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	ual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm Post town	10 BARTHOLOMEN STREET LIEICESTER		
	County / Region	LEILESTERSHIRE DUK LEZ IFA		
* Voluntary information	Country	I consent to act as a member of the limited liability partnership named or page 1 (Please tick this box if consenting to act as a designated member)		
	Signed	B M Word Date 7 MARCH 2005		

NOTE: Unless there are at least two designated members, all members will be designated members.

(Member to sign and date)

List of Members on Incorporation Surname or Corporate name TAVERNER-WOOD Peers or others known by a title may use the title instead DAWN EMMA HERTHA Forename(s) of or in addition to their name Day Month Year Date of Member Reference Number * (as advised by Companies House) Birth \mathcal{O} Ĵ 16 ** Usual Residential BIODULPH Address (or registered or ^{††} Tick this box if the principal office address in the address shown is a case of a corporation or service address for the beneficiary of a LECUSTER Post town **Confidentiality Order** granted under the UK LEI WIS TERSHIRE provisions of section 1BH County / Region LEA Postcode 723B of the Companies Act 1985 ENGLAND Country I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) * Voluntary Signed Mtovenerwood Date 20/02/2005 information (Member to sign and date) Surname or Corporate name Peers or others known by a title may use the title instead Forename(s) of or in addition to their name Member Reference Number * Day Month Year Date of (as advised by Companies Birth ^{††} Usual Residential Address (or registered or principal ^{††} Tick this box if the office address in the case of address shown is a a corporation or Scottish firm service address for the beneficiary of a Post town Confidentiality Order granted under the provisions of section UK County / Region 723B of the Postcode

Signed Date
(Member to sign and date)

(Please tick this box if consenting to act as a designated member)

I consent to act as a member of the limited liability partnership named on

NOTE: Unless there are at least two designated members, all members will be designated members.

Country

page 1

Companies Act 1985

* Voluntary information

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CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC312204

The Registrar of Companies for England and Wales hereby certifies that ICEFALL LIMITED LIABILITY PARTNERSHIP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Cardiff the 15 March 2005



