

Please complete in typescript, or in bold black capitals.

(LLP Act 2000 Section 9)

Appointment of a Member to a Limited **Liability Partnership**

(NOT for terminating membership (use Form LLP288b)

CHFP025	or change of particulars (use Form LLP288c))
LLP Numbe	r oc334333
Full Name of Limited Liability Partnership	
Date of appointment o	Day Month Year Date of Birth 0 2 1 1 1 9 7 1 Proper RICHINGS
their name	,,
Usual residential address	107 ELGAR AVENUE
tf Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section	rosicode
723B of the Companies Act 1985 otherwise, give your usual residential Designated members of the propriate of the properties of the propert	te X YES NO
address. In the case of a corporation, give the registered or principal office address. Consent signature	I consent to act as a member of the above named limited liability partnership Date A JANUARY 2009 Another Member being a Designated Member must sign and date the form in the boxes
Signed	Date 19 January 2009 Designated Member
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 have the visible to searchers of the	20 Cursitor Street London EC4A 1LT Tel+44 (0)20 7831 9222
LBV9M6PH	DX number 138 DX exchange Chancery Lane When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or

for partnerships registered in England and Wales or

for partnerships registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Form October 2003 - Laserform International 1/08

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21/01/2009

COMPANIES HOUSE

LD3

DX ED235 Edinburgh

or LP - 4 Edinburgh 2