

Please complete in typescript, or in bold black capitals.

CHWP000

## LLP288a

(LLP Act 2000 Section 9)

or LP - 4 Edinburgh 2

## Appointment of a Member to a Limited Liability Partnership

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

LLP Number Full Name of Limited Liability Partnership		00341187		
		100% compensation 44 LLP		
Date of appointment  * Voluntary Information		Day Month Year  0		ay Month Year
			te of	12 011 1191712
Peers or others known by a title may use the title instead	Surname or Corporate name	SHAH		
of or in addition to their name	Forename(s)	Unipo Hussain		
Usuał residential address <sup>††</sup>		32A Waller Avenue		
†† Tick this box if the address		LUTON		
shown is a service address for the	Post town	LUTON	UK Postcode	
beneficiary of a Confidentiality Order granted	County / Region	BEDFORDATIRE	Country	England.
	Designated member (Please tick appropriate	YES NO		
1985 otherwise, give your usual residential	box)  Consent signature	I consent to act as a member of the abo	ove name	d limited liability partnership
address. In the case of a corporation, give		Subl. 1.	Date	15/05/09
the registered or principal office address.		Another Member being a Designated Member below.	must sign	and date the form in the boxes
	Signed	SHELL.	Date	15/05/09
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		Designated Member		, ,
			_	
		Tel 07877837719		
TOESDAY  *AKH9Q9ZI*  A51 19/05/2009 280		DX number DX exchange		
		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		
	ANIES HOUSE	Companies House, 37 Castle Terrace, for partnerships registered in Scotland	Edinburgh	n, EH1 2EB DX 235 Edinburgh