

Please complete in typescript, or in bold black capitals.

LLP2

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

CHWP000	
Please leave this box blank	C345973
Full Name of Limited Liability Partnership	TREASURY RISK PARTNERS LLP
Situation of Registered Office	Encluded And Wales", "Wales" or "Scotland"
Registered Office Address	FIELDS HOUSE, 12-13 OLD FIELD ROAD, BOCAM PARK, PENCOED,
Post town	BRIDGEND
PO Box number County / Region only is not acceptable	UK Postcode CF35 5LJ
Will all Members from time to time be designated members?	YES If no, at least two of the listed members must be designated members.
(List members overleaf)	designated members .
Number of continuation sheets attached to this application for incorporation	I certify that I am a: (Please tick appropriate box)
	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 with a view to profit.
Signed	1. Jugs- Colors Date 21.5.09.
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	14 A KENNINGTON KD
	LONDON SEI 7BL
form. The contact information that you give will be visible to searchers of the	Tel 020 7261 0863
public record.	DX number DX exchange
RDAY	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

for partnerships registered in Scotland

445

23/05/2009

COMPANIES HOUSE

PC1

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

or

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	Surname or Corporate name	RISKILL CONSULTANCY LTD.
of or in addition to their name	Forename(s)	
Memb	er Reference Number * (as advised by Companies	Date of Day Month Year Sirth Birth
	House) ** Usual Residential	
†† Tick this box if the address shown is a	Address (or registered or principal office address in the case of a corporation or	14A KENNINGTON ROAD
service address for the beneficiary of a Confidentiality Order	Post town	LONDON
granted under the provisions of section 723B of the	County / Region	Postcode SEI 78L
Companies Act 1985	Country	U.K.
		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) T. EMRYS-ROBERTS (DIRECTOR)
		(2)(1)
Peers or others known by a title may	Surname or Corporate name	RISK MANAGEMENT POETER GIMLITED
use the title instead of or in addition to their name	Forename(s)	
Memb	oer Reference Number * (as advised by Companies House)	Date of Day Month Year Birth
^{††} Us	ual Residential Address (or registered or principal office address in the case of	10 MIGH BANK
address shown is a service address for the beneficiary of a	a corporation or Scottish firm	
Confidentiality Order granted under the	Post town	ROCHESTER UK Postcode MU1 245
provisions of section 723B of the Companies Act 1985	County / Region	WENT UK Postcode MU1 245
* Voluntary information	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)
	Signed	Vis 27. Date 21. 05. 2007
		(Member to sign and date) Vi(ての こういう (Diアをひょう)
		VICEN CONSCIONS

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

CHWP000

LLP2 cont

=	full Name of Limited Liability Partnership	TREASURY RISK PARTHERS LLP
List of Members of	on Incorporation	
Peers or others known by a title ma use the title instead		VISUAL CONSULTING LLC
of or in addition to their name	Forename(s)	
	nber Reference Number * (as advised by Companies House)	Date of Day Month Year Birth
the address shown	ual Residential Address ^{††} (or registered or principal office address in the case of a corporation or Scottish firm)	ARAXILINC, 16 WEST MANST
is a service address for the	Post town	CHRIST IANA
beneficiary of a Confidentiality Order granted under the	County / Region	DELA LINIZE Postcode
provisions of section 723B of the Companies Act	Country	UNITED STATES
* Voluntary		I consent to act as a member of the limited liability partnership named on page 1
information		(Please tick this box if consenting to act as a designated member)
	Signed	(Member to sign and date)
Peers or others known by a title ma use the title instead	' Colociale Halle	
of or in addition to their name	Forename(s)	
Mer	nber Reference Number * (as advised by Companies House)	Date of Day Month Year Birth
Us	ual Residential Address †† (or registered or principal office	
the address shown is a service	address in the case of a corporation or Scottish firm)	
address for the beneficiary of a Confidentiality	Post town	
Order granted under the provisions of	County / Region	UK Postcode
section 723B of the Companies Act 1985	Country	Language to get as a mampler of the limited lightlity partnership named on
* Voluntary information		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)
	Signed	Date
•	Jigileu	(Member to sign and date)

Form April 2002

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

List of Members on Incorporation Peers or others Surname or Corporate name known by a title may use the title instead of or in addition to Forename(s) their name Day Month Year Date of Member Reference Number * (as advised by Companies Birth House) Usual Residential Address ## (or registered or principal office ^{††} Tick this box if address in the case of a the address shown corporation or Scottish firm) Is a service address for the Post town beneficiary of a Confidentiality County / Region UK Order granted under the Postcode provisions of section 723B of Country the Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary (Please tick this box if consenting to act as a designated member) information Signed **Date** (Member to sign and date) Surname or Corporate name Peers or others known by a title may Forename(s) use the title instead of or in addition to their name Day Month Year Date of Member Reference Number * (as advised by Companies Æirth. House) Usual Residential Address ^{††} (or registered or principal office ^{††} Tick this box if address in the case of a the address shown corporation or Scottish firm) ls a service address for the Post town beneficiary of a Confidentiality Order granted County / Region UK under the Postcode provisions of section 723B of Country the Companies Act 1985 I consent to act as a member of the limited liability partnership named on page 1 * Voluntary (Please tick this box if consenting to act as a designated member) information Signed **Date** (Member to sign and date)



FILE COPY

CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC345973

The Registrar of Companies for England and Wales hereby certifies that

TREASURY RISK PARTNERS LLP

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 on 27th May 2009.



