

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

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 | OC346417 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Limited Liability Partnership | | LAB SYSTEMS LLP |
| Date of appointment * Voluntary Information (As advised by Companies House) | | Day Month Year 1 7 0 6 2 0 9 Day Month Year Date of birth |
| Peers or others known by a title may use the title instead of or in addition to their name | Surname or Corporate name Forename(s) | INTERNATIONAL PROCUREMENT SERVICES SAS |
| Usuz | al residential address *** | 9 RUE DAUMIER |
| the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address. | Post town County / Region Designated member (Please tick appropriate box) Consent signature | MARSEILLE Postcode 13008 Country FRANCE NO I consent to act as a member of the above named limited liability partnership Date 17/6/9 Another Member being a Designated Member must sign and date the form in the boxes below. |
| 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 | | Date 17.6.09 Designated Member Tel |
| *P5LPUCY8* PC5 03/09/2009 35 COMPANIES HOUSE | | E-mail 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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh |