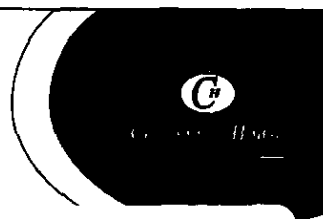
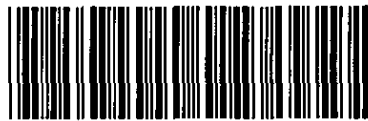


AP01

Appointment of director



You can use the WebFiling service to file this form online.
Please go to www.companieshouse.gov.uk



SZ554PD7

SCT 24/11/2010 369
COMPANIES HOUSE
www.companieshouse.gov.uk

WEDNESDAY

☒ **What this form is for**
You may use this form to appoint
an individual as a director.

☐ **What this form is NOT for**
You cannot use the form to
appoint a corporate director. To do this,
please use form AP02 'Appointment
of corporate director'.

1

Company details

Company number SC277182
Company name in full L107 FM LTD

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2

Date of director's appointment

Date of appointment 23/11/2010

3

New director's details

Title* MR
Full forename(s) ARCHIBALD COLIN NEIL
Surname LAMONT
Former name(s) * N/A
Country/State of residence * SCOTLAND
Nationality UK
Date of birth 20/06/1986
Business occupation (if any) * BROADCASTER

Former name(s)

Please provide any previous names
which have been used for business
purposes in the past 20 years.

Married women do not need to give
former names unless previously used
for business purposes.

Continue in section 6 if required.

Country/State of residence

This is in respect of your usual
residential address as stated in
Section 4a.

Business occupation

If you have a business occupation,
please enter here. If you do not,
please leave blank.

4

New director's service address *

Please complete your service address below. You must also complete your usual
residential address in Section 4a.

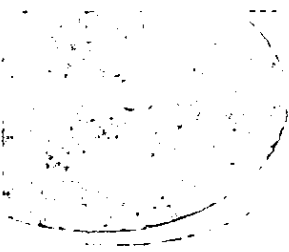
Building name/number RADIO HOUSE
Street 69 BOTHWELL ROAD
Post town HAMILTON
County/Region SOUTH LANARKSHIRE
Postcode ML3 0DW
Country SCOTLAND

Service address

This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

Please state 'The Company's
Registered Office' if your service
address is recorded in the company's
register of directors as the
company's registered office.

If you provide your residential
address here it will appear on the
public record.



Application for Insurance

You are applying for insurance with the following information:

1. Name of insured: [Name]
2. Date of birth: [Date]
3. Social Security Number: [Number]
4. Address: [Address]
5. City: [City] State: [State] Zip: [Zip]
6. Telephone: [Number]
7. Occupation: [Occupation]
8. Education: [Education]
9. Marital Status: [Status]
10. Number of dependents: [Number]
11. Annual income: [Income]
12. Health history: [History]
13. Current medical condition: [Condition]
14. Current medications: [Medications]
15. Current medical insurance: [Insurance]
16. Current dental insurance: [Insurance]
17. Current vision insurance: [Insurance]
18. Current life insurance: [Insurance]
19. Current disability insurance: [Insurance]
20. Current long-term care insurance: [Insurance]

Insurance Information

Policy Number: [Number]
Effective Date: [Date]
Expiration Date: [Date]

Insurance Coverage

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance History

Insurance Company: [Company]
Insurance Policy: [Policy]
Insurance Term: [Term]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Service Request

Please complete the following information to complete your request:

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

Insurance Type: [Type]
Insurance Amount: [Amount]
Insurance Premium: [Premium]

Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]

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Insurance Status: [Status]
Insurance Reason: [Reason]
Insurance Date: [Date]



1975
U.S. DEPARTMENT OF JUSTICE

UNITED STATES DEPARTMENT OF JUSTICE

Office of the Inspector General
Washington, D.C. 20535

Annual Report of the Inspector General

For the Fiscal Year Ending September 30, 1975

Inspector General
Office of the Inspector General
Washington, D.C. 20535

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For the Fiscal Year Ending September 30, 1975

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AP01

Appointment of director

5

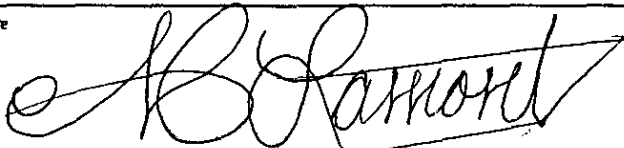
Signatures

I consent to act as director of the above named company.

New director's
signature

Signature

X



X

Authorising signature

Signature

X



X

This form may be signed and authorised by:

~~Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, C&C manager, Judicial factor.~~

① Societas Europaea

If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.

② Person authorised

Under either section 270 or 274 of the Companies Act 2006.

6

Additional former names (continued from Section 3)

Former names ①

None

① Additional former names

Use this space to enter any additional names.

Page 1 of 1

Page 1 of 1

Page 1 of 1

Page 1 of 1

Page 1 of 1

Page 1 of 1

Page 1 of 1

AP01

Appointment of director

**Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

T GILVAN

Company name

L107 FM LTD

Address

RADIO HOUSE

69 BATHWELL ROAD

Post town

HAMILTON

County/Region

SOUTH LANARKSHIRE

Postcode

ML3 0DN

Country

SCOTLAND

DX

Telephone

**Checklist**

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☒ The company name and number match the information held on the public Register.
- ☒ You have provided a business occupation if you have one.
- ☒ You have provided a correct date of birth.
- ☒ You have completed the date of appointment.
- ☒ You have completed the nationality box in Section 3.
- ☒ You have provided both the service address and the usual residential address.
- ☒ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- ☒ You have included all former names used for business purposes over the last 20 years.
- ☐ You have enclosed a relevant section 243 application if applying for this at the same time as completing this form.
- ☒ The new director has signed the form.
- ☒ You have provided an authorising signature.

**Important information**

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.

**Where to send**

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.

For companies registered in Scotland:

The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland:

The Registrar of Companies, Companies House,
Second Floor, The Linenhall, 32-38 Linenhall Street,
Belfast, Northern Ireland, BT2 8BG.
DX 481 N.R. Belfast 1.

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:

The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE.

**Further information**

For further information please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

Section 1: Introduction

This document is a confidential report on the results of a study conducted by the Department of Health and Human Services. The study was designed to evaluate the effectiveness of a new treatment for a specific condition.

Section 2: Methodology

The study was conducted using a randomized controlled trial design. Participants were randomly assigned to either the treatment group or the control group. The treatment group received the new treatment, while the control group received a placebo.

The study was conducted over a period of 12 weeks. Data was collected at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome measure was the percentage of participants who achieved a significant improvement in their condition.

For the purpose of this report, the results of the study are presented in a summary format. The full results of the study, including the raw data and the statistical analysis, are available in the attached report.

The results of the study show that the new treatment was significantly more effective than the placebo. The percentage of participants who achieved a significant improvement in their condition was significantly higher in the treatment group than in the control group.

Section 3: Results

The results of the study are presented in the following table. The table shows the percentage of participants who achieved a significant improvement in their condition at each time point.

Time Point	Treatment Group (%)	Control Group (%)
Baseline	10	5
4 weeks	25	10
8 weeks	40	15
12 weeks	55	20

Section 4: Conclusion

The results of the study demonstrate that the new treatment is significantly more effective than the placebo. The treatment was well-tolerated and had no significant side effects.

The results of the study are consistent with the findings of previous studies. The new treatment appears to be a promising treatment for this condition. Further research is needed to confirm these findings and to determine the optimal dose and duration of treatment.

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