

Companies House

for the record

18700

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited tnership

Please complete in typescript, ar in hold black conitals

CHWP000	MOP STAND		iity Partnersnip
Please leave this box blank	06325395		
Full Name of Limited Liability Partnership	PRISM MEDICAL COVER LLP		
Situation of Registered Office	ENGLAND AND WALES		
	Insert "England and Wales", "Wales"	or "Scotland	n
Registered Office Address	REGENT HOUSE, PRINCES COUR	T, BEAM HI	EATH WAY
Post town	NANTWICH		
PO Box number County / Region only is not acceptable	CHESHIRE	UK Postcode	CW5 6PQ
Will all Members from time to time be designated members?	√ YES	NO	If no, at least two of the listed members must be
(List members overleaf)			designated members
Number of continuation sheets attached to this application for incorporation	certify that am a: (Please tick appropriat	re 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

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 searchers of the public record.

13/01/2007 A35 COMPANIES HOUSE

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8.1.07

Tel 01270 621724

Date

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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2

List of Members on Incorporation Surname or Corporate name Peers or others SAWYER known by a title may use the title instead JAMES PHILIP CHARLES Forename(s) of or in addition to their name Day Month Year Date of Member Reference Number * (as advised by Companies Birth 1 2 0 2 9 6 6 House) †† Usual Residential Address (or registered or 7 ABBEYDALE CLOSE, WESTON ^{††} Tick this box if the principal office address in the address shown is a case of a corporation or service address for the beneficiary of a Post town **CREWE Confidentiality Order** granted under the UK provisions of section County / Region CW2 5RR CHESHIRE 723B of the Postcode Companies Act 1985 Country UK 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 Signed Date 08.01.07. information (Member to sign and date) Surname or BOYD Peers or others Corporate name known by a title may use the title instead ALAN Forename(s) of or in addition to their name Member Reference Number * Day Month Year Date of (as advised by Companies Birth House) 1 6 1 1 1 9 5 4 ^{††} Usual Residential Address (or registered or principal 16 TORKINGTON ROAD ^{††} Tick this box if the office address in the case of address shown is a a corporation or Scottish firm service address for the beneficiary of a Post town **Confidentiality Order** WILMSLOW granted under the provisions of section UK SK9 2AE CHESHIRE County / Region 723B of the Postcode Companies Act 1985 Country UK * 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)

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

(Member to sign and date

Signed

Date

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC325395

The Registrar of Companies for England and Wales hereby certifies that PRISM MEDICAL COVER 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, Cardiff the 17 January 2007



