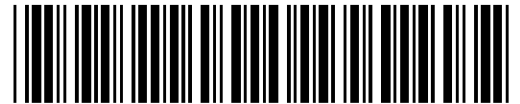




**Appointment of Member of a
Limited Liability Partnership (LLP)**

LLP name in full: **ALLOCATERITE (U.K.) LLP**

LLP Number: **OC412592**



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New Appointment Details

Date of Appointment: **14/12/2018**

Name: **MR. BALKRISHNA SHAGRITHAYA**

The Limited Liability Partnership (LLP) confirms that the person named has consented to act as a designated member.

Appointment is for a Member

Service Address: **655 655 MADISON AVENUE, 3RD FLOOR
NEW YORK
NY
UNITED STATES
10065**

Country/State Usually Resident: **UNITED STATES**

Date of Birth: ****/11/1945**

Authorisation

Authenticated

This form was authorised by one of the following:

Designated member, Judicial Factor.