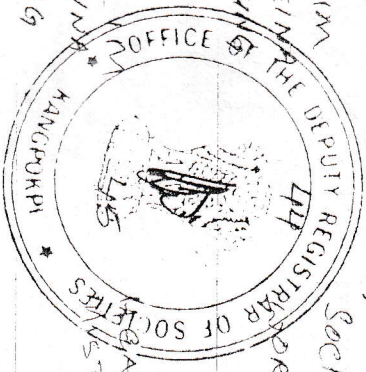


We the several person whose Sl.No. Name, Address, Age, Photograph, Aadhar, Occupation and Signature in full subscribe below are desirous of forming a Society/Association in pursuance of the aforesaid Memorandum of Association in the presence of the witness shown below:

SL.NO.	FULL NAME (WITH FATHER/HUSBAND NAME)	ADDRESS	AGE	OCCUPATION	PHOTOGRAPH	AADHAR NO.	SIGNATURE (IN FULL)
1	SONJANGAM HAOKIP S/O THANGKHA HAOKIP	SAITU SAPORMEINA P.O. MOTBUNG- 795107 KANGBARI DISTRICT MANIPUR	57	Teacher		3091 0428 1004	
2	HAOKAM KIPGEN S/O(L) CHONGUN KIPGEN	C.H. OLLIM SAPORMEINA P.O. MOTBUNG	45	Social Worker		5937 7646 0579	
3	LHINGDEINENG KIPGEN W/O HAOKAM KIPGEN	C.H. OLLIM SAPORMEINA P.O. MOTBUNG	45	Headmistress		3050 7463 6219	
4	LUNMINTIANG KIPGEN S/O(L) JAMPAD KIPGEN	P. ZOKLON C.H. OLLIM P.O. MOTBUNG	29	MANIPUR POLICE		2605 1478 1679	
5	TONGKHOSEI HAOKIP S/O DEMKHOLON HAOKIP	N. SONGLUNG SAITU GAMPHAZOL SUBDIVISION P.O. MOTBUNG	59	TRADER		2535 7993 4624	



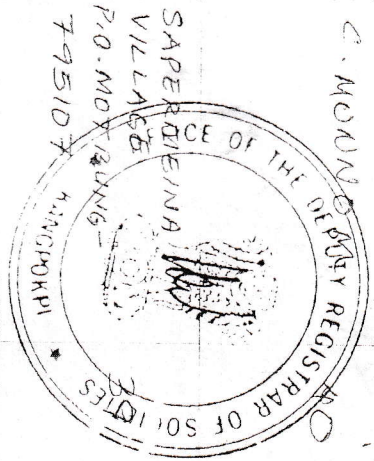
The above signatures are obtained in my presence and they are all genuine.

Attested By: 
Headmistress
Apple Buds Academy

Apple Buds Academy
Kangpokpi

We the several person whose Sl.No. Name, Address, Age, Photograph, Aadhar, Occupation and Signature in full subscribe below are desirous of forming a Society/Association in pursuance of the aforesaid Memorandum of Association in the presence of the witness shown below:

SL.NO.	FULL NAME (WITH FATHER/HUSBAND NAME)	ADDRESS	AGE	OCCUPATION	PHOTOGRAPH	AADHAR NO.	SIGNATURE (IN FULL)
6	L. TONGKHOUN KUKI S/O (L) KHAISAT	S. MONG BUNG VILLAGE SAIKUL - 795118	60	Asst of Driver (MCA) MCA		2028 4235 8081	
7	JANGMINTHANG HAOKIP	C. MONG BUNG SAPERDIEINA VILLAGE P.O. MONTBUNG - 795107	40	Graduate Teacher		5140 5583 8685	
8	SONKHONGUL KIPGEN S/O DOUKAM KIPGEN	PHAJITAWL SAPORMEINA P.O. MONTBUNG - 795107	41	Special Worker		9215 4337 6113	
9	THANGLEN KIPGEN S/O (L) JAKHONG	PHAJITAWL SAPORMEINA P.O. MONTBUNG - 795107	41	Special Worker		5565 3116 9108	
10	HAMRONG SITHOU	SAPORMEINA	59	Retired Worker		5372 4815 8116	




The above signatures are obtained in my presence and they are all genuine.


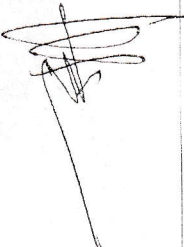


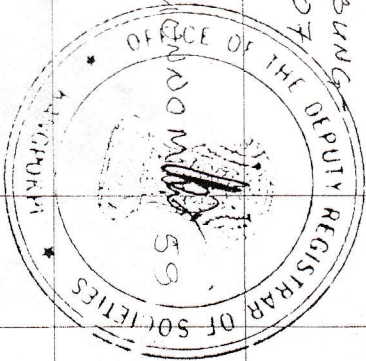
Apple Buds Academy
Aizawl, Mizoram

Self-Attested By:


Headmistress
Apple Buds Academy


We the several person whose Sl.No. Name, Address, Age, Photograph, Aadhar, Occupation and Signature in full subscribe below are desirous of forming a Society/Association in pursuance of the aforesaid Memorandum of Association in the presence of the witness shown below:

SL.NO.	FULL NAME (WITH FATHER/HUSBAND NAME)	ADDRESS	AGE	OCCUPATION	PHOTOGRAPH	AADHAR NO.	SIGNATURE (IN FULL)
11	LUNKHOLM KIRGEN S/O KTHURAM KIRGEN	TUIPAJANG VILLAGE P.O. MOTBANG 795107	55	PASTOR		4481 4500 9170	
12	LOOTHAJG HAORIP	L. KHEMUNDE P.O. MOTBANG 795107	59	M.D.C		4582 9650 9351	



The above signatures are obtained in my presence and they are all genuine.

Self Attested By


Apple Buds Academy


Headmistress
Apple Buds Academy