

for the record

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

315587

Company	name	in	full
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Shrewsbury Town	Football	Club	PLC	

Shares allotted (including bonus shares):				
	From		То	
Date or period during which shares were allotted	Day Month	Year	Day Month	Year
(If shares were allotted on one date enter that date in the "from" box)	16092	101014	16092	101014
Class of shares				
(ordinary or preference etc)	ORDINARY			
Number allotted	10,000.			
Nominal value of each share	2.50			
Amount (if any) paid or due on each share (including any share premium)				
List the names and addresses of the allot	tees and the number	of shares allot	ted to each overlea	f
If the allotted shares are fully or pa	artly paid up other	wise than in	cash please sta	ite:
% that each share is to be treated as paid up				
treated as paid up			<u> </u>	
Consideration for which				
the shares were allotted (This information must be supported by				
the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)				
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COMPANIES HOUSE 23/09/04

When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

.ames and addresses of the allottees (List joint share allotments consecutively)

Shareholder de	etails	Shares and share	class allotted
Name MR Richard Edward	. 2	Class of shares allotted	Number allotted
Address Highwinds Lyth His	Pand	000000000000000000000000000000000000000	10.000
Bayston Hill Shrews		CRDINARO	10,000
,	code SM3L WAU		L
Name		Class of shares	Number
·		allotted	allotted
Address		-	
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Name		Class of shares allotted	Number allotted
Address			
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Name		Class of shares allotted	Number allotted
Address		_ }	
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UK Post	code LLLLL	<u> </u>	L
Name		Class of shares allotted	Number allotted
Address			
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Please enter the number of continuati	on sheets (if any) attached to this	form	
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A director / secretary / administrator / admin	ristrative receiver / receiver manager / rec	ceiver Please	delete as appropriate
Please give the name, address,			
telephone number and, if available, a DX number and Exchange of the	 		
person Companies House should contact if there is any query.		Tel	
• • •	DX number	DX exchange	
		Dr. cholialige	