

88(2) Return of Allotment of Shares

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CHFP000				
Company Number	516671			
Company name in full	SHILOH PLC			
Shares allotted (including bor	านร shares):	•		
Date or period during which shares were allotted	From Day Month Year	To Day Month Year		
(If shares were allotted on one date enter that date in the "from" box.	014 111 1191919			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	10,000			
Nominal value of each share	25 _p	· · · · · · · · · · · · · · · · · · ·		
Amount (if any) paid or due on eac share (including any share premium)	93 p			
List the names and addresses of the	e allottees and the number of shares allot	ted to each overleaf		
If the allotted shares are fully	or partly paid up otherwise than in	cash please state:		
% that each share is to be treated as paid up				
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)				
	When you have completed and	signed the form send it to		



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

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales DX 33050 Cardiff

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

DX 235 Edinburgh

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

		lass allotted
Name STEPHEN BUTTERWORTH	Class of shares allotted	Number allotted
Address		
63 HIGHLANDS	DRDINARY	<u>10,000</u>
ROYLEY PARK, ROYTON, OLDHAM	_	L
UK Postcode OLZL 5HL	!	
Name	Class of shares allotted	Number allotted
Address		
<u> </u>		<u> </u>
UK Postcode L L L L L L		<u> </u>
Name	Class of shares allotted	Number allotted
Address	-	
		L
UK Postcode		
Name	Class of shares	Number allotted
Address	-	4
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UK Postcode		
Name	Class of shares allotted	Number allotted
Address	-	
		L
		<u></u>
UK Postcode		L
Please enter the number of continuation sheet(s) (if any) attached to this	s form	
Signed DR Stull Da	ite4 / 11	/99
A director / secretary / administrator / administrative receiver / receiver manager / receiver	eiver Please de	lete 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.

	TUBBINS
ref: DRS/S	K/180/80
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DX number	DX-exchange 0161-624 8161