

88(2) Return of Allotment of Shares

То

Please complete in typescript, or in bold black capitals.
CHFP000

Company	Number
---------	--------

Company name in full

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Class of shares (ordinary or preference etc.)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

Day I	Month Year	Day Mo	onth Year	
1 3	014201016			
ORD	MARY			
2.0	0010			-

ORDWARY	
30,000	
100	
26.50	

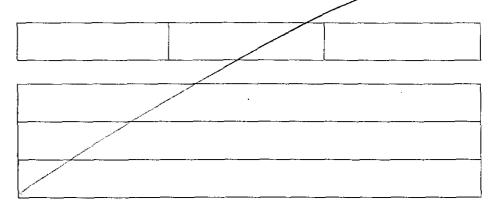
List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

From

% 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 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

Shareholder detail	s	Shares and share	class allotted
Name LOCK NOMINGES (98 (DESIGNATION 0234155)	Class of shares allotted	Number allotted
Address 25 Luke ST		URDINA FY	.20,cw
Louges			1
UK Postcode	ECZALLAR	L	L
Name Lock NUMINIES 698 ()	DESIGNATION 1013412)	Class of shares allotted	Number allotted
Address 25 LUKE ST		L OND WARY	10, m
Lonson		<u> </u>	<u> </u>
UK Postcode	EC2ALLAR	<u> </u>	L
Name		Class of shares allotted	Mumber allotted
Address			
UK Postcode		L	
Name		Class of shares allotted	Number allotted
Address			
UK Postcode		<u></u>	
Name		Class of shares allotted	Number allotted
Address			
		<u> </u>	
UK Postcode			
Please enter the number of continuation she	ets (if any) attached to this forr	n	
med CO	Date	12-4-6	. 6
A director / secretary / administrative			te as appropriate
ase give the name, address, phone number and, if available, X number and Exchange of the son Companies House should itact if there is any query.	M. a Laug	AMSTRAD BRENTWOOD 169 KINGS F BRENTWO TeleSSEX CM1 TEL: 01277 2	HOUSE ROAD FOD 4 4EF

DX number

DX exchange