

Shares allotted (including bonus shares):

Return of Allotment of Shares

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

Company Number

Company name in full

241 6694		
MULBERRY 1-	INE DITCHLING	Lta

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From Day Month 1 5 5 2	Year	Day Mor	To nth Year		
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	ONE					
Nominal value of each share	one Pound					
Amount (if any) paid or due on each share (including any share premium)	onk Pound					
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:						
% 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)	Oive Pour	√p				
V	hen you have con	npleted 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

DX 235 Edinburgh

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

Shareholder details	Shares and share of	lass allotted
Name MS ALEXANORA KELLY	Class of shares allotted	Number allotted
Address 2 MULBERRY LAWE DITCHLING	DROIMAN	10-VE
E. Sussex	JEINT WITH	
UK Postcode BNG BUH		L
Name Ms Johnna Pelly	Class of shares allotted	Number allotted
2 MULBENRY LANE DITCHLING	DROINARY TOINT WITH M	DW.
K. Sussex	JOINT WITH M	13 H KREW
UK Postcode RN6 CEUHL	<u> </u>	L
Name	Class of shares allotted	Number allotted
Address		
<u> </u>		L
UK Postcode L L L L L	L	L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	dilottod	anomou
	L	L
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this fo	20 7 2 1	
igned Date		elete 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.

MIKE	VVINSTOR	
12 1	luinenny	1-9 rv6
. •	THLING	Tel 017-73 842170
DX number	DX ex	change