

88(2)
Return of Allotment of Shares

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

Company Number

3006674

Company name in full	K S BIOMEDIX HOLDINGS PLC	
Shares allotted (including bor	nus shares):	
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 Year 1 5 0 2 2 0 0 1	To Day Month Year
Class of shares (ordinary or preference etc)	ORDINARY	
Number allotted	10000	
Nominal value of each share	£0.02	
Amount (if any) paid or due on ea share (including any share premium)	ch £1.15	
List the names and addresses of t	he allottees and the number of shares allo	ited to each overleaf
If the allotted shares are fully	y or partly paid up otherwise than ir	ı 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)	v	
	When vou have completed an	d signed the form send it to

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

AD2
COMPANIES HOUSE

0124 16/02/01 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)

Shareholder details	Shares and share o	lass allotted
Name ROBIN N BUTCHER	Class of shares allotted	Number allotted
Address 38 KINGS ROAD, SHALFORD, SURREY	ORDINARY	10000
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UK Postcode G U 4 L 8 J X	L	L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode LLLLL		L
Name	Class of shares allotted	Number allotted
Address		
	_	
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
L	_	L
UK Postcode こここことと		L
Name	Class of shares allotted	Number allotted
Address		
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UK Postcode L L L L L L		·
Please enter the number of continuation sheets (if any) attached to the Signed		
A director / secretary / administrator / administrative receiver / receiver manager / r	Date 15 FEBRUAL Please	Y 2001 e delete as appropria
Please give the name, address.		

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.

DAVID VENUS & COMPANY		
	Tel 01372 465 330	
DX number 36318	DX exchange ESHER	