

88(2) **Return of Allotment of Shares**

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

Company Number

3102506

Company name in full

PENSVALE	(NORTH) LTD		
		· 	

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)

From To Month Month Year Day Year Day ιO

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)

ORDINARY A		
100		
EI		
£100		

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)

·	 	 			
	 	 	<u> </u>	·	

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

Companies House, Crown Way, Cardiff CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 33050 Cardiff

For companies registered in England and Wales

For companies registered in Scotland

DX 235 Edinburgh

25/09/04 COMPANIES HOUSE

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

Shareholder details		Shares and share class allotted		
Name MS PAULINE WILKING	uson	Class of shares allotted	Number allotted	
Address 89 GREENCROFT			. 0	
		ORDINARY 'A'	<u> 160</u>	
Preston		L	L	
UK Pos	stcode LRLL 9LB			
Name		Class of shares allotted	Number allotted	
Address				
			L	
UK Pos	stcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	stcode		L	
Name		Class of shares allotted	Number allotted	
Address				
UK Pos	stcode			
Name		Class of shares allotted	Number allotted	
Address	-			
UK Pos	tcode		L	
Please enter the number of continuat	ion sheets (if any) attached to this f	form		
Signed Stones	Dat	e 20 SEPTEMB	ER 04	
-	nistrative receiver / receiver manager / recei		ete as appropriate	
Please give the name, address,				
elephone number and, if available, a DX number and Exchange of the				
erson Companies House should			_	
ontact if there is any query.		Tel		
	DX number	DX exchange		