

for the record

Return of Allotment of Shares

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

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3121578

Com	nanv	name	in	full
00111	pany	HOLLIC		IUI

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)

	Fro	m		To)
Day	Month	Year	Day	Month	Year
1 4	1 1	2 0 0 6			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

% that each share is to be

contract is not in writing)

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

ORDINARY	ORDINARY	
10000	20350	
£0.05	£0.05	
72p	103.5	

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:

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	

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

COMPANIES HOUSE 21/11/2006 Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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 class allotted		
Name P H NOMINEES LIMITED		Class of shares allotted	Number allotted	
Address PARTICIPANT ID 546 MEMBER ACC	OUNT PECLT	ORDINARY	30,350	
ONE OLIVER'S YARD, CITY ROAD, LO	ONDON			
UK Po	ostcode EC1Y1HQ			
Name		Class of shares allotted	Number allotted	
Address				
UK Po	ostcode	L		
Name		Class of shares allotted	Number allotted	
Address				
			<u></u>	
UK Po	ostcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Po	stcode			
Name		Class of shares allotted	Number allotted	
Address		_		
1				
UK Po	stcode		L	
Please enter the number of continua	ation sheets (if any) attached to this	form	<u> </u>	
igned X	•	ate 20/11/06		
,	imistrative receiver ⊬receiver manager / rec		delete as appropriate	
lease give the name, address, elephone number and, if available,				
DX number and Exchange of the erson Companies House should				
ontact if there is any query.		Tel		
	DX number	DX exchange		