

Return of Allotment of Shares

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

Company Number

3365493

Company name in full

ARDEN	ORTHOTICS	LIMITED	

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 Day Month Year Day Month Year 013 2 0 0 3 216 013 2101013

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	
98	
€I	
≜ I	

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)

£98 cash

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

04/04/03 COMPANIES HOUSE

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 de	Shares and share	Shares and share class allotted	
Name MR TIMOTHY P	RIDDEY	Class of shares allotted	Number allotted
Address 14 LIME KILN	CLOSE	Ordinary	49
KINGS NORTON			
BIRMINGHAM UK Post	tcode B3B_9U	<u>+</u>	L
Name MR FAIZAL B	HANA	Class of shares allotted	Number allotted
Address 12 DUNCHURCH SUTTON		Ordinary	49
W.MIDLANDS UK POST			L
Name		Class of shares allotted	Number allotted
Address			L
UK Posi	icode		L
Name		Class of shares allotted	Number allotted
Address			
UK Post	tcode		
Name		Class of shares allotted	Number allotted
Address			
UK Posi	tcode		L
Please enter the number of continuati			
Signed director secretary / administrator / admin	nistrative receiver / receiver manag	Date 26 - 3 - 03	elete as appropriate
Please give the name, address, elephone number and, if available,			
DX number and Exchange of the			
person Companies House should contact if there is any query.			
	DX number	DX exchange	