

Return of Allotment of Shares

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

Company Number

Company name in full

3737897

DRINKS 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)

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)

From To Day Month Year Month Year Day 0/0/3

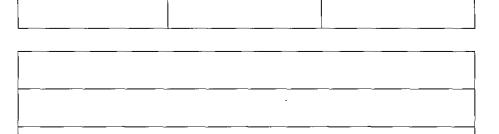
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| \$1-00 | | | |

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)



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

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

DX 235

Edinburgh

For companies registered in England and Wales

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



| Names and addresses of the allottees | S (List joint share allotments consecutively | y) |
|--------------------------------------|--|----|
|--------------------------------------|--|----|

| Shareholder details | | Shares and share c | Shares and share class allotted | | |
|---|--------------------------------------|--------------------------|---------------------------------|--|--|
| Name | | Class of shares | Number | | |
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| Please enter the number of continuation | on sheets (if any) attached t | o this form | | | |
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| Signed A 100 | <i></i> | | | | |
| A director / secretary / administrator kadmin | istrative receiver / receiver manage | er./.receiver. Please of | delete 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. | | Tel | | | |
| | DX number | DX exchange | | | |