

Please complete in typescript, or in bold black capitals. CHFP041

88(2) Return of Allotment of Shares

Company Number	3812646	
Company name in full	MERCHANT	INNS PLC
Shares allotted (including bonus share	s):	
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 100112001	To Day Month Year 2190112011
Class of shares (ordinary or preference etc.)	OR FINADLY	<u>'</u>
Number allotted	90,000	
Nominal value of each share	50p	
Amount (if any) paid or due on each share (including any share premium)	美	
List the names and addresses of the a		
If the allotted shares are fully o	r partly paid up otherwi	se 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)		
	L.,	



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 for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 for companies registered in Scotland Edinburgh

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

Shareholder details	Shares and share class allotted		
Name J. R. McGuiness	Class of shares Number allotted allotted		
Address Mass Casteel House	Oed. 5,000		
Mn-y-Gross Convey			
UK Postcode LL L 3 12 18 10 1			
Name Bleevin Norminees Ltd.	Class of shares Number allotted allotted		
Address 5 Giltson Street	DRD /35000		
Lasson	_		
UK Postcode ECLIASBD	L		
Name Ms. K. L. Smith	Class of shares Number allotted allotted		
Address Hinckley Road	DRO 10000		
UK Postcode LEZOWLDL			
Name	Class of shares Number allotted allotted		
Addana	9000		
Address	TOTAL 9		
UK Postcode L L L L L L			
Name	Class of shares Number allotted allotted		
Address			
	_		
	_		
UK Postcode L L L L L L			
Please enter the number of continuation sheet(s) (if any) attached to this form			
Signed Date_	30-01-01		
A director / secretary / administrator Cadministrative manager / receiver manager / receiver	Please delete as appropriate		
Please give the name, address, telephone number and, if available, M, A, LASS MAN	Ter: 020 Kast 7071		
a DX number and Exchange of the	101 10 OT 30 20/16		
person Companies House should contact if there is any query.	4. 2 2		
(S-1004)	14X: 020 K201 8409		
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