

**Return of Allotment of Shares** 

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

**Company Number** 

Company name in full

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Shares allotted (including bonus shares):						
	From	То				
Date or period during which	Day Month Year	Day Month Year				
shares were allotted (If shares were allotted on one date	118015/2190					
enter that date in the "from" box)	<u> </u>					
Class of shares						
(ordinary or preference etc)	OBDIMMEN					
Number allotted						
Nominal value of each share	31					
Amount (if any) paid or due on eacl	h & l					
share (including any share premium)	21					
List the names and addresses of the	allottees and the number of shar	es allotted to each overleaf				
If the allotted shares are fully	or partly paid up otherwise t	han 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)						
	•	ed and signed the form send it to				
<u>-</u>	$oldsymbol{\bot}$ the Registrar of Compan	ies at:				

A11 COMPANIES HOUSE

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Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

Names and	addresses	of the	allottees (L	List joint share allotments consecutively	1)
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Shareholder details	Shares and share cl	ass allotte
Name St. KNIIGHT	Class of shares allotted	Number allotted
Address		
5 WESTBERF ROAD	CYDIERKY	
10000	_	<u> </u>
UK Postcode MW2 3SB	<u> </u>	
Name	Class of shares allotted	Number allotted
Address		
L	.	
<u></u>		
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
<u></u>	<del> </del>	
UK Postcode		L
Name	Class of shares allotted	Number aliotted
Address		
		L
UK Postcode	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address	1	
L <u> </u>		L
<u>L </u>		L
UK Postcode		Ł
Please enter the number of continuation sheets (if any) attached to this	form	
	n 26/9/2	°Cac
A director / secretary / administrator / administrative receiver / receiver manager / receiver		te 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.

A.S. ZMETICS 2CC				
		SS ERONO LOW		
Lawson	5EZ4 99A	Tel COSOS (JH ZSZS		
DX number	DX exchange			