Package: 'Laserform' by Laserform International Ltd

8	8	(2)
Return of	Allotme	ent (of Sha	res

Please complete in typescript, or in bold black capitals.	Return of Allotment of Share				
CHFP025 Company Number	3961404				
Company name in full	THE BUNGAY MEDICAL CENTRE PROPERTY COMPANY LIMITED				
Shares allotted (including bor	nus shares):				
	From To				
Date or period during which shares were allotted	Day Month Year Day Month Year				
(If shares were allotted on one date enter that date in the "from" box)	0 7 1 2 2 0 0 0				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	19,998				
Nominal value of each share	£1				
Amount (if any) paid or due on each share (including any share premium)	£1				
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)					

A22 COMPANIES HOUSE

08/12/00

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

Companies House, Crown Way, Cardiff, CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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	Shares and share class allotted		
Name	Class of shares	Number		
KATHLEEN BOWERBANK	allotted	allotted		
Address				
OUTNEY HOUSE, BUNGAY, SUFFOLK	£1 ORDINARY	19,998		
<u> </u>				
UK Postcode ب <u>ا کا کا کا</u> کا 1	<u>D X</u>			
Name	Class of shares	Number		
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Name	Class of shares allotted	Number allotted		
Address				
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LW Deate-de				
UK Postcode L L L L L				
Plance enter the number of continuation chaots (#) - #	d to this form			
Please enter the number of continuation sheets (if any) attache	ed to this form			
MY	Date 7 DECEMBER 2000			
Signed	Date	lata ao annyon-ist-		
A primerion / secretary / administration // administrative receiver / censurer man	NEGRICAL Please de	lete as appropriate		
Please give the name, address,	Eversheds			
elephone number and, if available, a DX number and Exchange of the	Holland Court, The Close, Norwich, Norfolk, NR1 4DX			
person Companies House should	C CIODO, NOIWICH, NOITOIK,	*****		

MZP.CORP

DX number DX 5206

Tel 01603 272727

DX exchange Norwich

Laserform International 02/00

contact if there is any query.