

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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	himited.					
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 enter that date in the "from" box)	(5 5 7 7 5 5 7					
Class of shares (ordinary or preference etc)	or disease					
Number allotted	2_					
Nominal value of each share	£ 1					
Amount (if any) paid or due on eac share (including any share premium)	h £ i					
List the names and addresses of the	e allottees and the number of shares allo	otted to each overleaf				
If the allotted shares are fully	or partly paid up otherwise than i	n 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 an the Registrar of Companies at Companies House, Crown Way, Car	:				

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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland Edinburgh

DX 235

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

Shareholder details	Shares and share class allotted	
Name De Kara en Smarins recidio	Class of shares allotted	Number allotted
Address Programmes 35123	Carolina .	<u> </u>
Marroys Range		. L
UK Postcode		L
Name No. Forces Shows and	Class of shares allotted	Number allotted
Address Address Cooler of the cooler of th	Croissag	<u> </u>
Company Company		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
	.	
UK Postcode	<u> </u>	L
Name	Class of shares allotted	Number allotted
Address		
·	.	L
UK Postcode L L L L L		L
Name	Class of shares allotted	Number allotted
Address		
		Ĺ
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this to	7 2 0 1	
A director / secretary / administrator / administrative receiver / receiver manager / receiver		lelete 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