

Please complete in typescript, or in bold black capitals.

88(2) **Return of Allotment of Shares**

CHFP001					
Company Number Company name in full		7735			
Company name in rain	MIDD	LETON BLINDS	LIMITED		
Shares allotted (including bonus s	From To				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)		Day Month	Year	Day Mont	
Class of shares (ordinary or preference etc)		ORDINARY			
Number allotted		99			
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		100,			
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)					



COMPANIES HOUSE COMPANIES HOUSE GRAD 22/02/2000

20/10/01 06/10/01 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

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 co	insecutively)			
Shareholder details	Shares and share class allotted			
Name PETER BANKS	Class of shares Number allotted allotted			
Address 212 ROCHDALE POAD	ORDINARY 98.			
MANCHESTER.	L			
UK Postcode [M[고니니 [고딩버	L			
Name HEATHER FLINT	Class of shares Number allotted allotted			
Address 67 ROCHDALE ROAD	ERDINARY,			
MIDDLETON, MANCHESTOR				
UK Postcode M24 2PT				
Name	Class of shares Number allotted allotted			
Address				
UK Postcode LLLL				
Name	Class of shares Number allotted allotted			
Address				
UK Postcode LLLLL	\ \ \			
Name L	Class of shares Number allotted allotted			
Address				
UK Postcode LLLLL				
Please enter the number of continuation sheets (if any) attached to this form Signed				
A director / secretary / administrator / administrative receiver / receiver manager / receiver Please delete as appropriate				
Please give the name, address,	·			
telephone number and, if available, a DX number and Exchange of the	CROSSLEYS 121 YOUNSHIRE STREET			
person Companies House should Pochnace OLI	PLIGHT A TEL 01761- 523764			
DX number	DX exchange			