

Please complete in typescript, or in bold black capitals.

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Return of	Allotm	ent of	Share	e

CHFP025				
Company Number	4344782			
Company name in full	MEDICAL DEVICE INNOVATIONS LIMITED			
Shares allotted (including bo	·			
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 1 6 0 6 2 0 0 6	To Day Month Year		
Class of shares (ordinary or preference etc)	B Ordinary			
Number allotted	5,769			
Nominal value of each share	10 pence			
Amount (if any) paid or due on each share (including any share premium)	£130			
List the names and addresses of the all	ottees 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)				
	When you have completed an it to the Registrar of Compani	d signed the form please send		

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COMPANIES HOUSE

O5/07/2006

nies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff panies registered in England and Wales

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

Shareholder details	Shares and share	e class allott
Name	Class of shares	Number
Avlar Bioventures Fund II Limited Partnership	allotted	allotted
Address HIGHFIELD COURT, CHURCH LAWE, MADINGLEY, CAMBRIDGE, CB3 3AG. Vision Park, Chivers Way, Histon, Cambridge		
Vision Park, Chivers Way, Histon, Cambridge	B Ordinary	5,769
UK Postcode C B 4 _ 9 Z R		- <u> </u>
Vame		NI I
	Class of shares allotted	Number allotted
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ddress	}	
NY CONTRACTOR OF THE CONTRACTO		
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UK Postcode	<u> </u>	
Name	Class of shares	Number
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<i>t,</i> ;	.	
UK Postcode		·
lame	Class of shares	Number
	allotted	allotted
address		
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UK Postcode		<u> </u>
Please enter the number of continuation sheets (if any) attached to this form	1	
gned Date Date	a 16.06.06	
		elete as appropris
A director / secretary / administrator / administrative receiver / receiver manager / receiver	ver riease de	nere as abbrobus
ase give the name, address,		
phone number and, if available,		
X number and Exchange of the Son Companies House should		