

CSM	88(2)			
Please complete in typescript, or in bold black capitals. CHFP031	Return of Allotment of Share			
Company Number	04554878			
Company Name in full	PAUL ADAMS (LOUTH) LIMITED			
Shares allotted (including bor				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 1 0 1 0 2 0 0 2 0 2 0 2			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	98			
Nominal value of each share	<u>E</u> 1			
Amount (if any) paid or due on each share (including any share premium)	EI			
List the names and addresses of the	e 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)				
	When you have completed and signed the form please send			

it to the Registrar of Companies at: DX 33050 Cardiff

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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 for companies registered in Scotland Edinburgh



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Names and addresses of the allottees (List joint share allotments consecutively)				
Shareholder details		Shares and share class allotted		
Name STEPHEN CUSTE	N PARRIS	Class of shares allotted	Number allotted	
Address	re i avathi	5.55.50.50	O.S.	
LINCOLNSHIRE		LORDINARY	<u> 98</u>	
UK Postcode LINI11 9 ET		L	L	
Name		Class of shares allotted	Number allotted	
Address				
		L	<u> </u>	
UK Postco	de LLLL LLL		L	
Name		Class of shares allotted	Number allotted	
Address				
		<u> </u>		
UK Postco	de LLLL LL		L	
Name		Class of shares allotted	Number allotted	
Address				
		·	<u> </u>	
UK Postco	de		L	
Name		Class of shares allotted	Number allotted	
Address				
		.		
UK Postco	ode		L	
Please enter the number of continuat	ion sheets (if any) attached to t	his form		
Signed A director / secretary / administrator / admi		ate 10-10 Hease de	6 2_ elete as appropriate	
Please give the name, address,	** <u>***********************************</u>			
telephone number and, if available, a DX number and Exchange of				
the person Companies House should contact if there is any query.	_	Tel		
	DY number	DY exchange		