

Please complete in typescript, or in bold black capitals **CHFP029** 

## 88(2)

## **Return of Allotment of Shares**

Company Number	4615993		
Company name in full	Logic Certification Limited		
Shares allotted (including bor	us shares):		
	From	То	
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 1 0 3 2 0 0 4		
Class of shares (ordinary or preference etc)	Ord £1		
Number allotted	99		
Nominal value of each share	£ 1.00		
Amount (if any) paid or due on each share (including any share premium)	£ 1.00		
List the names and addresses of the	allottees and the number of shares allotte	ed to each overleaf	
If the allotted shares are fully o	or partly paid up otherwise than in	cash please state:	
% that each share is to be treated as paid up	100.00%		
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)	Nil		



Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff 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 consecutively)

Shareholder details		Shares and share class allotted	
Name		Class of shares	Number
BUDD, KEVIN JOHN		allotted	allotted
Address			
. 18 COLNEDALE ROAD, UXBRIDGE, MIDDX., EN	NGLAND	Ord £1	<sub>1</sub> 49
		1	l
UK	Postcode U B 8 L L P A		_ !
Name		Class of shares	Number
BUDD, SUZANNE GAYLE		allotted	allotted
Address		:	
18 COLNEDALE ROAD, UXBRIDGE, MIDDX., EN	IGLAND	Ord £1	
UK	Postcode U B 8 1 1 P A		
Name		Class of shares allotted	Number allotted
Address		- 1	
UK	Postcode		l
Name		Class of shares allotted	Number allotted
Address			
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UK	Postcode	ļ L	
Name		Class of shares allotted	Number allotted
Address		_ !	
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UK	Postcode	<u></u>	
Please enter the number of contin	uation sheets (if any) attached to this	form	
		ii	
igned A director/ secretary / administrator / adm	n <del>inistrative receive</del> r / rec <del>eiver manag</del> er / receiver	ver Please dele	te as appropriate
ease give the name, address, lephone number and, if available,	CHARTERHOUSE (ACCOUNTANTS) LLP, 88/98 COLLEGE ROAD, HARROW, MIDDX., H,		
DX number and Exchange of the	1RA		
erson Companies House should ontact if there is any query.			66