

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals.

CHFP000

Company Number

Company	name	in	ful	١
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466	06	94	Ì
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From

Shares allotted (including bonus shares):

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 Month Year 01013 01013

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

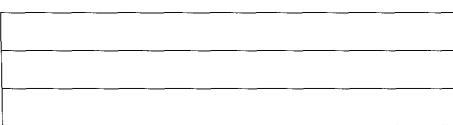
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List the names and addresses of the allottees and the number of shares allotted to each overleaf

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

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

25/02/03

When you have completed and signed the form send it to the Registrar of Companies at:

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

DX 235 Edinburgh

DX 33050 Cardiff

This

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

Shareholder details	Shares and share	class allotted
Name PATRICK WILLIAM ALEXANDER AIRY	Class of shares allotted	Number allotted
Address	0.00	i. 0
LAUREL HOUSE, LAYTON LANE	CROINARY	<u> 49</u>
SHAFTESBURY, DORSET, UK Postcode SP7 L8EY		
Name	Class of shares	Number
LUCINOA EMMA AIRY	allotted	allotted
Address LAUDEL HOUSE , LAYTON LANE	OEDINARY	50
SHAFTESBURY, DORSET		
UK Postcode SPJLSEY		<u> </u>
Name	Class of shares allotted	Number allotted
Address	_	
UK Postcode ここここここ		<u> </u>
Name	Class of shares allotted	Number allotted
Address	-	
		L
UK Postcode		L
Name	Class of shares	Number
Address	allotted —	allotted
	_	
LIK D		
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this	s form	
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A director / secretary / administrator / administrative receiver / receiver manager / rec	ceiver / Please o	delete as appropriate
ease give the name, address, ephone number and, if available, DX number and Exchange of the		
rson Companies House should ntact if there is any query.	Tel	