

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

496 7880

Company name	e in	full
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BEDFORD ROCK DRILL COMPONENTS LIMITED

Shares allotted (including bonus	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)	1 8 1 1 2 0 0 3			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	ONE			
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 all	ottees and the number of shares a	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)				



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COMPANIES HOUSE 14/01/04 Form revised January 2000

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 Cardiff

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

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

Shareholder details		Shares and share class allotte	
Name FRED MICHAEL BRUNNER		Class of shares allotted	Number allotted
Address 2935 WILLIAMBURG LANE	3	ORDINARY	. 1
FAYETTEVILLE 72703	3 ARKANSAS		<u> </u>
UK	Postcode		
Name		Class of shares allotted	Number allotted
Address		_	
		_	L
UK	Postcode LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
UK	Postcode LLLLL		
Name		Class of shares allotted	Number allotted
Address		_	
			1
UK	Postcode	L	
Name		Class of shares allotted	Number allotted
Address			
The state of the s			
UKI	Postcode		L
Please enter the number of contin	uation sheets (if any) attached to this	form	
$M \setminus M$	00	لـــــا	
A director / secretary / administrator / a	dministrative receiver / receiver manager / rec		lelete 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	
	DX number	DX exchange	