

Please complete in typescript, or in bold black capitals.

## **CHFP005**

Company N	Number
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A39 COMPANIES HOUSE

03/03/04

DX 33050 Cardiff

DX 235

Edinburgh

**Return of Allotment of Shares** 

Company Name in full	NLCH ASSOCIATES LIMITED
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).	From To  Day Month Year  Day Month Year
Class of Shares (ordinary or preference etc).	ordinaly
Number allotted	99
Nominal value of each share	6-1-00
Amount (if any) paid or due on each share (including any share premium)	£1,-0
List the names and addresses of the allo	ttees and the number of shares allotted to each overleaf
If the allotted shares are fully or pa	rtly 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)	
	hen you have completed and signed the form send it to the

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

for companies registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

5040776

88(2) (Side 2)

Shareholder details	Shares and share o	lass allotted
Name NICHOLAS STEVERS	Class of shares allotted	Number alloted
Address  22 NEYFORD CLOSE YANKINGE  FOLKESTONE KONT  UK PostCode C,7,1,8,7,6	ormaly	49
FOLKESTONE KONT		
UK PostCode C71,876	<del>}</del>	
Vame LINDSEY STEVENS	Class of shares allotted	Number alloted
Address 22 UEMFORD CLOSE HAWKINGE FOLKESTONE KENT	olsinoly	50
UK PostCode C, T, 18,75Q	_	
Name	Class of shares allotted	Number alloted
Address	-	
UK PostCode	*	<u> </u>
lame	Class of shares allotted	Number alloted
Address	_	L
UK PostCode L L L L L L L L L L L L L L L L L L L	Class of shares allotted	Number alloted
Address	-	,
		<u> </u>
UK PostCode		
Please enter the number of continuation sheet(s) (if any) at	ttached to this form	0
M. Stevers	Date <u>1/3/3</u>	2004
A director / secretary /-administrator / administrative receiver / receiver m	/	elete as appropriate
ease give the name, address,		
ephone number and, if available,  DX number and Exchange of e person Companies House should ntact if there is any query.		

DX Number

DX Exchange