

## **Return of Allotment of Shares**

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

**Company Number** 

5263078

Com	panv	name	in	full
~~	P4117	11021110		

FRIDGE COLLECTION COUNTRY WILL

	SERVICES	LIMITCO	
Shares allotted (including bor	nus 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)	118102005		
Class of shares (ordinary or preference etc)	ORSINARY		
Number allotted	75		
Nominal value of each share	EI		
Amount (if any) paid or due on each share (including any share premium)	ch Li		
List the names and addresses of th	ne allottees and the number of shares al	lotted 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 a	nd signed the form send it to	





Form revised January 2000

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

the Registrar of Companies at:

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland

**DX 235** Edinburgh

Shareholder details	Shares and share o	Shares and share class allotted	
Name  FIEZLY BLACKBURN	Class of shares allotted	Number allotted	
Address  28 THE CROSS, BETTH  NORTH AYRSHIRE,	ORDINARYEI		
UK Postcode LH LS LIBS	<u> </u>	L	
Name MARIE IN GLE	Class of shares allotted	Number allotted	
Address  I HIGHRINGE AVENUE, ROTHWELL  WEST YORKSHIRE	ORDIWARYLI	25	
Name ROWALN BLACKBURN	Class of shares allotted	Number allotted	
Address  14 RIDINGS MEWS  WANTERD	ORDINARY EI	25	
UK Postcode WF3 25 W		<b>L</b>	
Name	Class of shares allotted	Number allotted	
Address		<u> </u>	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode		L	
Please enter the number of continuation sheets (if any) attached to thi	s form		
Signed A director / secretary / administrator / administrative receiver / receiver manager / re	Date 10 11 05 poseiver Please d	elete as appropriate	
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.			