

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

Company name in full

5377746		
RADIUS TEZH	משת מתן	

Shares allotted (including bonus s	hares):			
	From To		То	
Date or period during which shares were allotted	Day Month Ye	ear Day	Month Year	
(If shares were allotted on one date enter that date in the "from" box)	10 12 20	810		
Class of shares (ordinary or preference etc)	Domany			•
Number allotted	99			
Nominal value of each share	dı			
Amount (if any) paid or due on each share (including any share premium)	Ø1			
List the names and addresses of the allot	tees and the number of sl	nares allotted to ea	ach overleaf	
If the allotted shares are fully or pa	irtly paid up otherwis	e than in cash p	olease 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)				



18/06/2009 **COMPANIES HOUSE** 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 Wates

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

DX 235 Edinburgh

DX 33050 Cardiff

Shareholder of	Shares and share	Shares and share class allotted		
Name TROWS THORNA	-	Class of shares allotted	Number allotted	
Address Tia NA N'OG.	Combe RIDINGS			
	Sary	ORDINARY	99	
····				
UK Po	stcode L L L L L		L	
			N	
lame		Class of shares allotted	Number allotted	
ddress				
			L	
UK Po	stcode L L L L L		<u> </u>	
lame		Class of shares allotted	Number allotted	
ddroop				
Address				
			L	
	<u> </u>		L	
UK Po	stcode בבבבו		<u> </u>	
łame		Class of shares	Number -	
		allotted	allotted	
Address				
LUC D-				
· UK Po	stcode L L L L L			
lame		Class of shares	Number	
		allotted	allotted	
Address				
			L	
			<u> </u>	
UK Po	stcode בבבבנ			
Please enter the number of continua	ation sheets (if any) attache	ed to this form		
gned		Date		
A director (secretary / administrator / adm	pinistrative receiver /-receiver mai	Tager / receiver Please	delete as appropriat	
ease give the name, address, ephone number and, if available,				
DX number and Exchange of the				
rson Companies House should		<u> </u>		
ntact if there is any query.		Tel		
	DX number	DX exchange		