

Please complete in typescript, or

88(2)

in bold black capitals. CHW P000		(Revised 2005)
Company Number	5902837	Return of Allotment of Shares
Company name in full	MICHOLAS PAXTON	UMITED
Shares allotted (including bonus		_
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From Day Month Year 1 5 0 8 2 0 0	To Day Month Year
Class of shares (ordinary or preference etc)	ORDINARY	
Number allotted	100	
Nominal value of each share	f (
Amount (if any) paid or due on share (including any share premium)		
		and addresses of the allottees and the ass of shares allotted to each overleaf
the allotted shares (including becash please state:	oonus shares) are fully or partly p	paid up otherwise than in
% that each share is to be treated as paid up	100%	
% (if any) that each share is to be paid up in cash		
Consideration for which the shares were allotted (This information must be supported the original or a certified copy of the contract or by Form 88(3) if the contraits not in writing)		,



12000

When you have completed and signed the form please 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 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

Names and addresses of the allottees

Shareholder details (list joint allottees as one shareholder)	Shares and share	Shares and share class allotted	
Name(s) MR NICHOLAS PAXTON	Class of shares allotted	Number allotted	
Address			
MOONRAKER LABURNUM SROVE	DEDINARY	100	
BANBURY OXON	_		
UK Postcode OX 16 906	L	L	
Name(s)	Class of shares allotted	Number allotted	
Address			
UK Postcode	<u> </u>	L	
Name(s)	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode		L	
Name(s)	Class of shares allotted	Number allotted	
Address	_		
UK Postcode		L	
Name(s)	Class of shares allotted	Number allotted	
Address			
L	_		
UK Postcode		<u> </u>	
Please enter the number of continuation sheets (if any) attached to this	s form		
Signed NP	nate 15108106)	
** A director / secretary / administrator / administrative receiver / receiver /	Please delete as appropriate		
official receiver / receiver manager / voluntary arrangement supervisor	acidia do appropriate		

Contact Details

You do not have to give any contact information in the box opposite but if

STEVEN THURSTIELD