

Please complete in typescript, or in bold black capitals CHFP001

## 88(2)

**Return of Allotment of Shares** 

Company Number	06182024			
Company name in full	Pulmocide Limited			
		]		
Shares allotted (including bonus shares):  From To				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year Day Month Year  2 3 0 3 2 0 0 7	-		
Class of shares (ordinary or preference etc)	Ord lp			
Number allotted	100			
Nominal value of each share	£0 01			
Amount (if any) paid or due on each share (including any share premium)	10 03			
List the names and addresses of the allottees and the number of shares 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)				

THURSDAY



384

A30 19/04/2007 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 DX 33050 Cardiff

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235

For companies registered in Scotland Edinburgh

10/99

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

Shareholder details	Shares and share class allotted		
Name Mr William Garth Rapeport	Class of shares allotted	Number allotted	
Address Maple House, Maplefield Lane, Chalfont St Giles	Ord 1p	100	
L	L		
LIK Postcode LH LP L8 L L4 LT LY			
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
IIK Postroide LLLLLL		<u></u>	
Name	Class of shares allotted	Number allotted	
Address			
l	<u> </u>		
	L		
LIK Postcode LLLLLL			
Name L	Class of shares allotted	Number allotted	
Address		,	
	L		
UK Postcode LLLLLL			
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
LIK Postcode L L L L L L			
	<u> </u>		
Please enter the number of continuation sheet(s) (if any) attached to this for	om		
A director / secretary / paministrator / administrative receiver / receiver manager / re		e delete as appropriate	
A director / secretary / seministrator / administrative receiver / receiver manager / re	ceiver Pleas	a naiara az abbiobilata	
Please give the name, address, Rayner Essex			
elephone number and, if available, DX number and Exchange of the  Faulkner House, Victoria	a Street		
	St Albans, Herts AL1 3SE Tel 01727 833222 Ref CWP452		
DX number	DX exchange		

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