

Please complete in typescript, or in bold black capitals CHWP000

08/09/2007

**COMPANIES HOUSE** 

Form revised 10/03

Company Number

Company name in full

88(2)

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

Return of Allotment of Shares

Shares allotted (including bonus shares):				
	From	То		
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		
Class of shares (ordinary or preference etc)	URANARY			
Number allotted	8			
Nominal value of each share	12			
Amount (if any) paid or due on each share (including any share premium)	12			
List the names and addresses of the all	ottees and the number of shares allo	itted to each overleaf		
If the allotted shares are fully or p	partly paid up otherwise than i	n 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)				
1 (4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	When you have completed and	<del></del>		

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

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

Shareholder details		Shares and share class allotted	
Name CAPL BROTTON		Class of shares allotted	Number allotted
Address 19 PITCAIRN CRESC DEVON	ent, perward	GROWARY	_4_
UK Pos	tcode TOZ_ 764	<u> </u>	<u> </u>
Name LISA BRATTON		Class of shares allotted	Number allotted
Address 19 PITCHIEN CRE	SENT TORWAY	GRAINARY	4
DEON			
UK Pos	tcode TUZL 16L		
Name		Class of shares allotted	Number allotted
Address		<u> </u>	
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address			
		L	L
UK Pos	tcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
		<u> </u>	
UK Pos	tcode		<u></u>
Please enter the number of continuat	on sheets (if any) attached to this fo	orm	
Sund // Sult	D. O.	8/9/07	
Adirector / secretary / administrator / admin	Date  nistrative receiver / receiver manager / receiver		elete as appropriate
You do not have to give any contact information in the box opposite but			
if you do, it will help Companies House to contact you if there is a			
query on the form. The contact information that you give will be		Tel	
visible to searchers of the public record	DX number	X exchange	