Package:

'Laserform'

3430277

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHFP025

Company Number

Company name in full



88(2)

Return of Allotment of Shares

Shares allotted (including bonus	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)	ORDINARY	
Number allotted	14,000	
Nominal value of each share	£1.00	
Amount (if any) paid or due on each share (including any share premium)	£1.80	
List the names and addresses of the allottee.	s and the number of shares allotted to o	each overleaf
lf the allotted shares are fully or բ	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		

MAGYAR FARMING COMPANY LIMITED



stamped particulars on Form 88(3) if the

contract is not in writing)

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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
For companies registered in Scotland

DX 235 Edinburgh

When you have completed and signed the form please send

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

Shareholder details	Shares and share class allotted	
Name DAVID BOSWORTH GUNNER	Class of shares allotted	Number allotted
Address		
COLDHARBOUR FARM, ASHWELL BALDOCK, HERTS	ORDINARY	14,000
UK Postcode ی ق ق ر ق ر ق ر ق ر ق ر ق ر ق ر ق ر ق ر	·	
Name	Class of shares allotted	Number allotted
Address		
	L	<u> </u>
UK Postcode	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
L	<u> </u>	L
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this form		
Signed Date	12-11-04.	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	ver Please de	lete as appropriate
Please give the name, address, Browne Jacobson		

telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

Browne Jacobson	
44 Castle Gate, Notting	nam, , NG1 7BJ
	Tel 0115 976 6000
DX number DX 718130	DX exchange DXExch Nottingham 27