88(2)

Please complete in typescript, or in bold black capitals.

Return of Allotment of Shares

CHFP016				
Company Number	M.A.L. CONTRACTING LIMITED			
Company name in full				
Shares allotted (including bonu Date or period during which		To Day Month Year		
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year 0 6 0 3 2 0 0 2			
Class of shares (ordinary or preference etc.)	ORDINARY			
Number allotted	99			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	£99			
List the names and addresses of the a	liottees and the number of shares allo	otted to each overleaf		
If the allotted shares are fully o	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)				
	When you have complete	d 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 Scotlland Edinburgh



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

Shareholder details		Shares and share c	Shares and share class allotted	
Name ALLAN ANGUS KILL		Class of shares allotted	Number allotted	
Address 167 HEUGHENDEN ROAD, ST. ALBA	NS, HERTS.	ORDINARY	99	
UK Postcode	A C 4 9 Q			
Name	<u> </u>	Class of shares allotted	Number allotted	
Address				
L. Dortondo				
UK Postcode Name		Class of shares	Number	
Address		allotted	allotted	
			L	
UK Postcode			<u> </u>	
Name		Class of shares allotted	Number allotted	
Address		/	L	
UK Postcode			L	
Please enter the number of continua		is form		
Signed Man Z	il v	Date 06.03.02		
A director / secretary / administrator	/ administrative receiver / receiver m	anager / receiver Please delei	e as appropriate	
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.	P.A. SCAMMELL ESQ., BANK HOUSE, SOUTHWICK SQUARE SOUTHWICK, WEST SUSSEX BN42 4FN			
	SOOTHWICK, WEST SOSSEA	Tel 01273 593	740	
	DX number	DX exchange		