

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. **CHFP000**

Company Number

Company name in full

40	2957/2			
CAT	ENTERPRISES LTD	 	 	_

Shares allotted (including bonus shares):								
	From	То						
Date or period during which shares were allotted	Day Month Year	Day Month Year						
(If shares were allotted on one date enter that date in the "from" box)	1203200	3 [[[[[[[[[[[[[[[[[[[
Class of shares (ordinary or preference etc)	Ordinary							
Number allotted	NINETY NINE							
Nominal value of each share	£1							
Amount (if any) paid or due on each share (including any share premium)	£I							
List the names and addresses of the al	lottees and the number of shal	res allotted to each overleaf						
If the allotted shares are fully or	partly paid up otherwise t	han 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)								
C *ARGROME*	When you have complete the Registrar of Companies House, Crown Wa For companies registered in En	ay, Cardiff CF14 3UZ DX 33050 Cardiff						

This



DX 235 Edinburgh

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

Shareholder details	Shares and share	Shares and share class allotted		
Name TERESA HARRISON	Class of shares allotted	Number allotted		
Address 10 Castle Street, Wallingford, Oxon	Ordinary	FIFTY		
		<u> </u>		
UK Postcode _O_X_1_0 _8_L _X	L	L		
Name CHARES HARRISOS	Class of shares allotted	Number allotted		
Address 10 CASTLE ST WAZELNUSORD OXOL	020,-1221	FORTY		
UK Postcode OXLOSLY		·		
Name	Class of shares allotted	Number allotted		
Address				
	L			
	1	L		
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
	L	L		
UK Postcode				
Please enter the number of continuation sheets (if any) attached to this fo	orm			
Signed 1 Dat	e /2 03	03		
A director / soeretary / administrator / administrative-receiver / receiver manager / receiver	ve r Please o	delete 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.	 Tel			

DX number

DX exchange