



Companies House

— for the record —

88(2)

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP000

Company Number

5153919

Company name in full

A+J CARE PLUS LTD

Shares allotted (including bonus shares):

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" box)

From

To

Day Month Year

Day Month Year

01 12 2004

Class of shares

(ordinary or preference etc)

ordinary		
99		
£ 1		
£ 1		

Number allotted

Nominal value of each share

Amount (if any) paid or due on each
share (including any share premium)

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)

When you have completed and signed the form send it to
the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ
For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB
For companies registered in Scotland

DX 235
Edinburgh



A22
COMPANIES HOUSE

AXNAXICE

0534
24/12/04

Form revised January 2000

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

Shareholder details		Shares and share class allotted	
Name <u>STACEY HAYDEN</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>99</u>	
Address <u>5 VICTORIA ROAD, SALINEY</u> <u>KLINTSHIRE</u>			
UK Postcode <u>CH4 8ST</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 _____ _____			
UK Postcode _ _ _ _ _			
Name _____	Class of shares allotted _____	Number allotted _____	
Address _____ _____			
UK Postcode _ _ _ _ _			

Please enter the number of continuation sheets (if any) attached to this form

Signed

[Signature]

Date

1/12/04

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please 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.

TOREVELL DENT (BRADFORD) LLP	
CHARTERED CERTIFIED ACCOUNTANTS	
AND REVENUE AUDITORS	
10010 BRADFORD ROAD	
01274 601 200	Tel
01274 601 200	
TELEPHONE: (01274) 737501	DX exchange
FACSIMILE: (01274) 733541	
DX number	