

**Return of Allotment of Shares** 

Please complete in typescript, or in bold black capitals. CHWPOO

Company Number	5168045			
Company name in full	SARUM SCIENTIFIC LIMITED			
Shares allotted (including bonus shares):				
	From To			
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)	19072004			
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	99			
Nominal value of each share	£1.00			
Amount (if any) paid or due on each share (including any share premium)	ch £1.00			
List the names and addresses of th	e 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)				

COMPANIES HOUSE Form Revised January 2000 24/07/04 When you have completed 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

DX 235

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

Edinburgh

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

Shareholder details	Shares and share c	lass allotted
Name JOHN GEWYS FOSTER	Class of shares allotted	Number allotted
Address 43 trawy Ross, Strisbury	ORDINARY	79
UK Postcode SP1379L	L	
Name PAR VANES SPILLER	Class of shares allotted	Number allotted
Address 34 BORNE AVENUE	ORDINARY	20
UK Postcode SP 1 1 LS	L	L
Name	Class of shares allotted	Number allotted
Address		<u> </u>
UK Postcode _ ;		
Name	Class of shares allotted	Number allotted
Address		<b>.</b>
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this f  Signed  A director / secretary / administrator / administrative receiver / receiver manager / receiver	. 19/7/0	Lete 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.

	Com 1	GSTER C/O SHEWN HYDRANICS			
	UNIT 7 CENTE ONE SOTH POLYMAY				
đ		SALISBURY 1946BUTH 01722 32838			
	DX number	DX exchange			