Please complete in typescript,

**Return of Allotment of Shares** 

Uľ	Ш	טוטע	DIACK	capitais.	

CHFP016						
Company Number	06325832					
Company name in full	AAL ASSOCIATES	S LIMITED				
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)	15 018 21010 7					
Class of shares (ordinary or preference etc.)	ORDINARY					
Number allotted	19					
Nominal value of each share	1					
Amount (if any) paid or due on each share (including any share premium)						
List the names and addresses of the al	lottees 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)						
		13/10/				
•	. When you have completed and					



06/09/2007 COMPANIES HOUSE 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 cl	ass allotted
Name ADRIAN CARR	Class of shares allotted	Number allotted
Address 32 WEST HILL WANTAGE OXON	ORDINARY &	٩
UK Postcode DX129EF		1
Name  SUZANNE CARR	Class of shares allotted	Number allotted
Address 32 WEST HILL	ORDINARY & 1	. 10
WANTAGE OXON  UK Postcode OX129EF	L	L
Name '	Class of shares allotted	Number allotted
Address		
	<u> </u>	L
UK Postcode	<u> </u>	· -
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode	l	L
Please enter the number of continuation sheets (if any) attached to this	form	
Signed 5G Date	1 1 1	
A director / secretary / ad <del>ministrato</del> r / ad <del>ministrati</del> ve receiver / receiver men	ager / receiver Please delet	e as appropnate
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		