



Please complete in typescript,
or in bold black capitals

CHFP025

Company Number

6390883

Company name in full

SLP PRODUCTION LIMITED

88(2)

Return of Allotment of Shares

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

3 0 0 5 2 0 0 8

Class of shares

(ordinary or preference etc)

A Shares

Number allotted

409,496

Nominal value of each share

£1 00

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

£8.547

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

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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 please 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
For companies registered in Scotland DX 235 Edinburgh



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

Shareholder details		Shares and share class allotted	
Name _____ Address _____ _____ _____ UK Postcode <u> E </u> <u> C </u> <u> 4 </u> <u> V </u> <u> 4 </u> <u> A </u> <u> J </u>		Class of shares allotted _____ _____ _____	Number allotted _____ _____ _____
Name _____ Address _____ _____ _____ UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		Class of shares allotted _____ _____ _____	Number allotted _____ _____ _____
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Name _____ Address _____ _____ _____ UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		Class of shares allotted _____ _____ _____	Number allotted _____ _____ _____

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

Signed

FOR AND ON BEHALF OF

Date _____

3 / 6 / 2008

A [REDACTED] / secretary / administrative / administrative review / medical management / estate

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

Salans	
Millennium Bridge House, 2 Lambeth Hill, London, EC4V 4AJ	
Tel +44 (0)20 7429 6000	
DX number 196	DX exchange London/Chancery Lane