

## 88(2) Return of Allotment of Shares

To

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

Company Number

Company name in full

6661	310
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From

DALE	POLE	LTD.	-	
<u> </u>				 

Shares allotted (including bonus shares)
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Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

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

Ordinary	
99	
£1.00	
£1.00	

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)

100%				
		<del>-</del>		
	· · · · · · · · · · · · · · · · · · ·		 <del></del>	<u> </u>



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

Form revised January 2000

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

Shareholder de	Share's and share class allotted		
Name DANN CARRAGE	1erc	Class of shares allotted	Number allotted
	CUSE 30 CHURCH	Ord	49
LYMM, C	CODE WALBOUR		<u> </u>
Name MARY CARRAG	HER	Class of shares allotted	Number allotted
Address  2 CROSS LANG  RISCEY WARR		Ording	_50_
UK Post	code WA3L JAH		<u> </u>
Name		Class of shares allotted	Number allotted
Address			<b>L</b>
UK Post	code	<u></u>	L
Name		Class of shares allotted	Number allotted
Address			
Name	code LLLLLL	Class of shares	Number
L		allotted	allotted
Address			L
UK Post	code LLLLL		
Please enter the number of continuation	on sheets (if any) attached to this	form	<del></del>
Signed Roots	Da	te <u>16/10/2</u> c	ST
A director / se <u>cretary / administrator / admin</u>	ustrative-receiver / receiver manager / rece	<u>ive</u> 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	r and Exchange of the		
contact if there is any query	DV mimbo		754174
	DX number	DX exchange	