

Please complete in typescript, or in bold black capitals.

A60 *ACDE COMPANIES HOUSE

0648 24/02/05

CHFP025

88	(2)
Return of Allot	ment of Shares

Company Number	4704596			
Company name in full	Mytle Hill Farm Limited			
Shares allotted (including bo	nus shares):			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From Day Month Year 1 9 0 2 2 0 0 5	To Day Month Year		
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	1			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	£1			
List the names and addresses of the all	lottees and the number of shares allotted to each	h overleaf		
If the allotted shares are fully	y or partly paid up otherwise than in	ı 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 ar it to the Registrar of Compan	nd signed the form please sen		
	Companies House, Crown Way, Ca For companies registered in England at			

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

For companies registered in Scotland

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

Shareholder details	Shares and share	Shares and share class allotted	
Name	Class of shares	Number	
Linda Thomas	allotted	allotted	
Address			
Myrtle Hill Farm, Llanboidy	Ordinary	1	
Whitland, Carmarthenshire		L	
UK Postcode			
Name	Class of shares	Number	
	allotted	allotted	
Address			
	Ì		
LIV Posterdo			
UK Postcode			
Name	Class of shares allotted	Number allotted	
<u> </u>	anotted	anotted	
Address			
		L	
UK Postcode		L	
Name	Class of shares	Number	
1	allotted	allotted	
Address			
I			
UK Postcode			
		NI	
Name	Class of shares allotted	Number allotted	
A. I. I			
Address			
		L	
UK Postcode		L	
Please enter the number of continuation sheets (if any) attac	hed to this form		
		_	
SignedSkland	Date	-	
A director / secretary / administrator / administrative receiver / receive	er manager / receiver Please de	elete as appropriate	
Please give the name, address, Burges Salmon I I E			
elephone number and, if available,			
DX number and Exchange of the erson Companies House should Narrow Quay House	e, Narrow Quay, Bristol, BS1 4AH		
and a different to any survey.	Tel 0117 939 2000		

DX number DX 7829

DX exchange BRISTOL

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