

Shares allotted (including bonus shares):

Please complete in typescript,

			-		
Return	of	Allotment	of	Shar	es

88(2)

or in bold black capitals. CHFP005

Company	Number
---------	--------

Company Name in full

- in the second contracting points of an ex-	,						
		Fror	n			То	
Date or period during which shares were allotted	Day	Month	Year	!	Day	Month	Year
sharee wore anotted				1 []			

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Class of Shares (ordinary or preference etc).

(If shares were allotted on one date

enter that date in the "from" Box).

Number allotted

Nominal value of each share

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

Ordinary	
1	
å1.00	

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 t	e
treated as paid up	

Consideration for which the shares were allotted

Form I

(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) % 		

When you have completed and signed the form send it to the Registrar of Companies at:

A25 COMPANIES HOUSE 23/05/03 ompanies House, Crown Way, Cardiff CF14 3UZ r companies registered in England and Wales

DX 33050 Cardiff

ompanies House, 37 Castle Terrace, Edinburgh EH1 2EB r companies registered in Scotland

DX 235 Edinburgh

88(2) (Side 2)

Shareholder details	Shares and share of	lass allotted
Name	Class of shares	Number
Lara Rousseau	allotted	alloted
Address		
3 St Peters Close	Ordinary	1
Shirwell, Barnstaple		
UK PostCode LE X Z I	141JU	
Name	Class of shares	Number
	allotted	alloted
Address		
, (da) 555		1
		1
UK PostCode		1
Name	Class of shares	Number
	allotted	alloted
Address		
ridaless		1
UK PostCode		1
Name	Class of shares	Number
	allotted	alloted
Address		
Address		1
UK PostCode		1
Name	Class of shares	Number
	allotted	alloted
Address		
Address		I
		I
UK PostCode		1
		<u> </u>
Please enter the number of continuation sheet(s) (i	f any) attached to this form	
	.,	
Signed	Date16 - 05 -	5003
A director / secretary / administrator / administrative receiver / r	eceiver manager / receiver Please d	elete as appropriate
ease give the name, address,		
lephone number and, if available,		
DX number and Exchange of e person Companies House should		
ontact if there is any query.		<u> </u>
	Tel	
DX Number	DX Exchange	