

88(2) Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

05117511

Company name in full

AJ	LONG	CENTRACTORS	LIMITED		
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	<u></u>					
hares 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)	0208200	4 02082006				
Class of shares (ordinary or preference etc)	0201.VAR4					
Number allotted	99					
Nominal value of each share	$\mathcal{E}I$					
Amount (if any) paid or due on each share (including any share premium)	ch E1					
List the names and addresses of th	ne allottees and the number of sha	res allotted to each overleaf				
If the allotted shares are fully	or partly paid up otherwise t	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)						

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

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

Shareholder details	Shares and share class allotted		
Name	Class of shares allotted	Number allotted	
ANDRE - JUHN LONG	-	anotted	
Address			
HAYBER FARM NAPPA HELLIFIELD	ORBINARY	99	
SKIPTON NORTH YURKSHIRE	_	L	
UK Postcode Boog MET	<u> </u>	L	
Name	Class of shares	Number	
L	allotted	allotted	
Address			
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UK Postcode		<u> </u>	
Name	Class of shares	Number	
t	allotted	allotted	
Address	_		
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UK Postcode			
Name	Class of shares	Number	
	allotted	allotted	
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UK Postcode しょしょしょ	L	L	
Name	Class of shares	Number	
	allotted	allotted	
Address	_ (
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Please enter the number of continuation sheets (if any) attached to thi	s form		
11. 7	20.00		
Signed thether Thomas I			
A director / coerotary / administrator Addininistrative receiver / receiver manager / re	ceiver Please	delete as appropria	
Please give the name, address,	KER		
telephone number and, if available,			
a DX number and Exchange of the CROFT HOUSE		<u></u>	
person Companies House should SINTIAN ROAD			
contact if there is any query.			
DX number	DX exchange		