

Please complete in typescript, or in bold black capitals. CHFP001

88(2)

Return of Allotment of Shares

Company Number	5247099		
Company name in full	BLOOMSWOOD LIMITED		
Shares allotted (including bonus s	shares): From To		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year Day Month Year		
Class of shares (ordinary or preference etc)	CLBINARY		
Number allotted	aq		
Nominal value of each share	£1-00		
Amount (if any) paid or due on each share (including any share premium)	11-00		
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)			



When you have completed and signed the form 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 DX 235
For companies registered in Scotland Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively)			
Shareholder details	Shares and share class allotted		
Name LOSSET WILLIAM MONTEMAN	Class of shares Number allotted allotted		
Address 136 TIMBER LANE, WOBURN, MILTON HEYNES.	_ ORDINARY _ SC		
BEDFERDSHRE			
UK Postcode MITI 1918 L	L		
Name LÜYLIAN ELIZABETH MONEMAN	Class of shares Number allotted allotted		
Address 136 TIMBER LANE, WEBURN, MILTON HEYNES.	CRDINARY 149.		
L BEDFORDSHIRE	L		
UK Postcode MKII 1918 L			
Name L	Class of shares Number allotted allotted		
Address			
UK Postcode L L L L L L			
Name	Class of shares Number allotted		
Address			
UK Postcode			
Name	Class of shares Number allotted allotted		
Address			
UK Postcode L L L L L L			
Please enter the number of continuation sheets (if any) attached to this form			
Signed Date Date Date Please delete as appropriate Please delete as appropriate Date Date Date Date Date Date Date D			
Please give the name, address, telephone number and, if available,			
a DX number and Exchange of the person Companies House should	1. Aconb YORKe YOLK 3BX TO CRION 528100.		
contact if there is any query. DX number	DX exchange		
CHAD 22/02/2000	BW1893 (5247099)		