

## Return of Allotment of Shares

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

**Company Number** 

Company name in full

04588152		
FITNESS	FUR	EU3RYBOOT
MMITTE		<u> </u>

Shares allotted (including bonus shares):					
	From	То			
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				
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	100				
Nominal value of each share	LI				
Amount (if any) paid or due on each share (including any share premium)	# i				
List the names and addresses of the allo	ttees and the number of shar	res allotted to each overleaf			
If the allotted shares are fully or pa	artly paid up otherwise t	than in cash please state:			
% that each share is to be treated as paid up	100				
Consideration for which	CASH				
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 complet				



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the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 33050 Cardiff

For companies registered in England and Wales

For companies registered in Scotland

DX 235 Edinburgh

Shareholder details	Shares and share c	lass allott
Name  Name	Class of shares allotted	Number allotted
Address	CREW 1821	
122-1100 200501 8011 800		L
UK Postcode LLLL		L
Name	Class of shares allotted	Number allotted
Address Kingsking Kingsking Color Color	0000 1961	
ments with soil fill		<u> </u>
UK Postcode	<u> </u>	\ <del>L</del>
Name	Class of shares allotted	Number allotted
Address		
		<del></del>
UK Postcode LLLL		L
Name	Class of shares allotted	Number allotted
Address		
<u></u>		<b></b>
UK Postcode LLLLL		L
Name	Class of shares allotted	Number allotted
Address		
L		<u> </u>
UK Postcode		<u> </u>
Please enter the number of continuation sheets (if any) attached to this t	form	
igned US Da	- (1/27	
A director / secretary / administrator / administrative receiver /- receiver manager / recei	ver <sup>f •</sup> ( Please de	lete as appropri

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

Da	Care France	
		Tel Tille Aby
DX number	19531	DX exchange