

Please complete in typescript, or in bold black capitals. CHFP041

88(2) Return of Allotment of Shares

Company Number	02798607			
Company name in full	NHP PLC			
Shares allotted (including bonus share	es):			
Date or period during which shares were allotted	From Day Month Year	To Day Month Year		
(if shares were allotted on one date enter that date in the "from" box.)	1 5 1 1 2 0 0 4			
Class of shares (ordinary or preference etc.)	ORDINARY			
Number allotted	4,510	:		
Nominal value of each share	1p			
Amount (if any) paid or due on each share (including any share premium)	89.8p			

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 eac	h share	is to	be
treated as	oaid 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)

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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



Form Revised January 2000

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

Shareholder details		Shares and shar	Shares and share class allotted	
Name		Class of shares	Number allotted	
Kevin Groombridge		anotteu	anoned	
Address				
51 Old Croft Road, Walton	on the Hill,	ORDINARY .	4,510	
[Stafford				
UK Po	ostcode S T 1 7 0 N L			
Name		Class of shares	Number allotted	
		anoned	anotted	
Address				
			_	
UK Po	ostcode LLLLLL			
Name		Class of shares allotted	Number allotted	
		anotted	anotted	
Address				
UK Po	stcode LLLLLL	<u> </u>		
Name		Class of shares	Number	
		allotted	allotted	
Address				
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Name		Class of shares	Number	
		allotted	allotted	
Address				
			_	
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UK Po	ostcode L L L L L L	L	_ L	
				
Please enter the number of continu	uation sheet(s) (if any) attached to th	nis form		
Signed	Date 42	12.2004		
		Please delete as	annranriate	
A director / secretary / administrator / adminis	resiles -Hanag er / receiver m anage r / receive r	i icase delete ds	ирргорпаце	
Please give the name, address, telephone number and, if available,	Ms. S. KAUL, BLOCK A.	Mex GROUND	houx, DUKS	
a DX number and Exchange of the person Companies House should	LOURT, DUKESTRACT, WOKE	NZ,	AA	
contact if there is any query.	· · · · · · · · · · · · · · · · · · ·	483 754 760		
	DX number DX excha			
	DA GACILE	~		