

## 88(2) Return of Allotment of Shares

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

**Company Number** 

Company name in full

3055247	
MONTICALLO Pac.	

Shares allotted (including bonus s	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)	01/01) 2006		31082000		
Class of shares (ordinary or preference etc)	ONDIWAY				
Number allotted	2250,000				
Nominal value of each share	2.5%.				
Amount (if any) paid or due on each share (including any share premium)	20h.				
List the names and addresses of the allo	ottees and the number o	f shares allo	otted to each over	eaf	
If the allotted shares are fully or p	artly paid up otherw	ise than i	n cash please s	state:	
% that each share is to be treated as paid up	1009				
Consideration for which	COSH				



(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

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

For companies registered in Scotland

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 235 Edinburgh

contract is not in writing)

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

Shareholder details	Shares and share	class allotte
Name Syndicata Nourinous Lin-BDIAMANI	Class of shares allotted	Number allotted
Address Prior	ONDINARY	2.2.000
LONDON		
UK Postcode LZZR 8PH	L	<u> </u>
Name	Class of shares allotted	Number allotted
Address		
· · · · · · · · · · · · · · · · · · ·		L
UK Postcode こここここ	L	L
Name	Class of shares allotted	Number allotted
Address	_	
UK Postcode L L L L L		L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	_	
<u> </u>		<u> </u>
UK Postdode		<u> </u>
Please enter the number of continuation sheets (if any) attached to this	s form	
HI Xommer	Date 22/9/00	
igned // / / / / / / / / / D  A director / secretary / administrator / administrative receiver / receiver manager / receiver / receiver manager / receiver		lelete as appropriat

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.

Mar	11 couo	They	7	
45	12085	irze Se	LUMNI	<b>,</b>
	bonson	WCI LOV	Tel	orer aux 4600
DX number	er DX exchange			