88(2)

CHFP004

Return of Allotment of Shares

Company Number	405 9454			
Company name in full	ORTHOGEM LIMITED			
Shares 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.	0 3 0 9 2 0 0 1	0 3 0 9 2 0 0 1		
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	30			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	£1,000			
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 share 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)				
conduction for an imping)				

A1DHE3ZL 0685
COMPANIES HOUSE 11/09/01

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	Shares and share class allotted	
Name Oxford Technology 2 Venture Ca	apital Trust Ple	Class of shares allotted	Number allotted	
Address Magdalen Centre, Oxford Science	a Park Ovford	Ordinary	, 30	
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L	JK Postcode OX4_4GA		L	
Name		Class of shares Number allotted allotted		
Address				
l	JK Postcode		L	
Name		Class of shares	Number	
Address		— allotted	allotted	
L	UK Postcode		<u> </u>	
Name		Class of shares	Number	
Address		allotted	allotted	
			<u> </u>	
	UK Postcode LLLLLL		<u> </u>	
Name		Class of shares	Number allotted	
Address			,	
L			L	
	UK Postcode LLLLLL		<u> </u>	
Please enter the number of con	tinuation sheet(s) (if any) attached to t	his form 0		
Signed X Longe		Date 3//08/2	00/	
A director Assessment discontinuous	Androkoskativa necesiven peresiven kompenius (amo	Newwith Please de	lete as appropriate	
Please give the name, address, telephone number and, if available,	Gordons			
a DX number and Exchange of the person Companies House should	22 Great James Street, London,	WC1N 3ES		
contact if there is any query.		Tel 020 7	421 9421	
88(2)	DX number 107	DX exchange Lond	on	