

## **Return of Allotment of Shares**

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

**Company Number** 

Company name in full

4068+19			
LANG JTONE	Honed	LIMITEH	

Shares allotted (including bonus s	hares):				
	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)	2100152	002			
Class of shares (ordinary or preference etc)	CK/INART				
Number allotted	1				
Nominal value of each share	Z1.00			_	
Amount (if any) paid or due on each share (including any share premium)	21.00				
List the names and addresses of the allot	tees and the number (	of shares allotte	ed to eac	h overleat	•
If the allotted shares are fully or pa	rtly paid up other	wise than in o	cash pl	ease sta	te:
% 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)					
	/hen vou have cor	npleted and	sianed	the form	send it to

This



the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

Shareholder details	Shares and share c	Shares and share class allotted			
Name JOUN GARY YOWNER Address	Class of shares allotted	Number allotted			
Address  116 LAYT BYRUN LANE, MONLE,  SCLIMULL, WEST MIGHANIS	ORYIWARY	1			
SCLIMULL, WEST MIGHAMIS					
UK Postcode BG3 _ GBA	L				
Name	Class of shares allotted	Number allotted			
Address					
		ţ			
UK Postcode					
Name	Class of shares allotted	Number allotted			
Address	-				
		L			
UK Postcode	<u> </u>				
Name	Class of shares allotted	Number allotted			
Address	-				
UK Postcode		<b>.</b>			
Name	Class of shares allotted	Number allotted			
Address					
	_				
UK Postcode					
Please enter the number of continuation sheets (if any) attached to this	form 18/07/12				
A director / secretary / administrator / administrative receiver / receiver manager / receiver	7	lete as appropriate			

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.

Jour	HOWNER, 116 LAYT IJTRON	
LANE, KA	TOWLE, SOLIANIL WEST MIGHAND	)
1593 91JA	Tel 0121-244 4444	
DX number	DX exchange	