

for the record

11/03/2016

COMPANIES HOUSE

Form revised 10/03

Please complete in typescript, or in bold black capitals. **CHWP000**

Return of Allotment of Shares

Company Number	04332715			
Company name in full	AXIOM FIRST LIMITED			
Shares allotted (including bonus shares):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 0 3 1 2 2 0 0 1			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	1			
Nominal value of each share	1 GBP			
Amount (if any) paid or due on ear share (including any share premium)	ch 1 GBP			
List the names and addresses of ti	he 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 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 completed and signed the form send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff CF14 3UZ PASZIOE80* DX 33050 Cardiff For companies registered in England and Wales				

Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF

For companies registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

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

Shareholder details		Shares and share class allotted	
Name DEREK GIRLING		Class of shares allotted	Number allotted
Address AXIOM FIRST LIMITED		ORDINARY	100
2 MILL LANE		_	
UK Pos	stcode BS305TQ		
Name		Class of shares allotted	Number allotted
Address		-	
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
L		.	L
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
UK Pos	itcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address		- [i
L		-	L
UK Pos	tcode		L
Please enter the number of continuat	ion sheets (if any) attached to this	form	
Signed Devek airl	·	nte 9th Hwh	ಬ16
A director / secretary / administrator / admin	nistrative receiver / receiver manager / rece		delete as appropnate
You do not have to give any contact			
you do, it will help Companies louse to contact you if there is a	re is a		
Information that you give will be		Tel DY exchange	
ecord	DA HUHIDEI	DX exchange	