

for the several

Return of Allotment of Shares

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

Company Number

4462682

Company name in full

TuE	MILLEHIOM	EXPÉRIENCE	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)	0190142101014	F				
Class of shares (ordinary or preference etc)	B' ORPINARY					
Number allotted	415					
Nominal value of each share	41					
Amount (if any) paid or due on each share (including any share premium)	41					
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 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 For companies registered in England and Wales

DX 33050 Cardiff

COMPANIES HOUSE

23/04/04

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

DX 235 Edinburgh or LP - 4 Edinburgh 2

Form revised 10/03

Shareholder details		Shares and share class allotted	
Name DAVID PHILIP BLACE	allott	f shares Number ted allotted	
Address	CREDO	LOIMANT 300	
40 DUKBAR RUAD		37187	
UK Postcode			
UK Postcode L			
Name	Class of allott	of shares Number ted allotted	
PETER FARMELL		ted anotted	
Address			
53 LATEWARD ROAD		LDIMAN 115	
BREHTEURD, MIDDLESEX			
UK Postcode 🔃	سے ای ق ت ا		
Name	Class o allot	of shares Number ted allotted	
Address			
<u> </u>			
UK Postcode _			
Name	Class o	of shares Number	
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Address			
UK Postcode			
Name		of shares Number	
Name	allot		
Address			
UK Postcode ,			
OK FOSICODE _			
Please enter the number of continuation sheets	(if any) attached to this form		
Signed Signed	Date	9/4/04	
A director/secretary / administrator / administrative rece	eiver / receiver manager / receiver	Please delete as appropriate	
You do not have to give any contact			
nformation in the box opposite but			
f you do, it will help Companies House to contact you if there is a			
query on the form. The contact	7	Tel	
nformation that you give will be visible to searchers of the public DX num			
record.	DV excusui	9 0	