

88(2)

To

Return of Allotment of Shares

From

£1.00

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

Company	Nama	in	ful
Company	Name	ш	IUI

4567904	
Bedroom Flair 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)

Class of shares

(ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

Day	Month	Yea	ar	_	Day	Month	Ye	ar
2 3	1 0	2 0	0 2				_ 1	
Ordin	nary							
		1						
		7						
		.1 00		 				
		£1.00						

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)

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When you have completed and signed the form send it to the Registrar of Companies at:



COMPANIES HOUSE

05/12/02

mpanies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

r companies registered in England and Wales

mpanies House, 37 Castle Terrace, Edinburgh, EH1 2EB Jr companies registered in Scotland DX 235 Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively) No 4567904

Shareholder details		Shares and share class allotted			
Name		Class of shares allotted	Number allotted		
Christine Sedge		£1.00 Ordinary	1		
Address Riseden, 16 Lancett Lane, Loose, Maidstone, Kent, England	,				
UK postcode ME15 9RX					
Name	· ·	Class of shares allotted	Number allotted		
Address			1		
			_ L		
UK postcode					
Name		Class of shares allotted	Number allotted		
Address					
UK postcode					
Name		Class of shares allotted	Number allotted		
Address					
UK postcode					
Please enter the number of cor	ntinuation sh	eets (if any) attached to this form	0		
Signed XA**	W -	Date 3	21/11/02		
A director / secretary / administrator / adminis	rative receiver		- at 11()2		
Please give the name, address, telephone number and, if available, a DX number and	PERRYS,	19/21 SWAN STREET, WEST MA	LLING, KENT, ME19		
Exchange of the person Companies House should contact if there is any query.	6JU, ENG				
onound contact if there is any query.		Tel Tel: 01732 8700 Fax: 01732 8700			
	DX number	DX exchange			