

Please complete in typescript, or in bold black capitals. CHFP041

## **Return of Allotment of Shares**

Company Number	4607187				
Company name in full	IRONMONGER 66 LIMITED				
Shares allotted (including bonus share	es):		·		
Date or period during which	From		То		
shares were allotted	Day Month Year		Day Month Year		
(if shares were allotted on one date enter that date in the "from" box.)	0 5 0 2 2 0	0 4	1002	2004	
Class of shares (ordinary or preference etc.)	ORDINARY				
Number allotted	1				
Nominal value of each share	£1				
Amount (if any) paid or due on each share (including any share premium)	£1			W-10 A-1-2-	
List the names and addresses of the a	allottees and the numb	er of shares	allotted to each ov	verleaf	
If the allotted shares are fully o	r partly paid up ot	herwise th	an in cash pleas	se 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)	:			- W A	
	:				
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A17 COMPANIES HOUSE 14/02/04 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 class allotted	
Name		Class of shares	Number allotted
RICHARD WILLIAM CLIFTON	<u> </u>	anotted	anonea
Address			
FLAT 10, 60-76 IRONMONGER ROW, LONDON		LORDINARY	
			L
UK Po	stcode ECLVLL		_
Name	, <del></del>	Class of shares allotted	Number allotted
		anotted	anotteo
Address			
		<u> </u>	
		\	_
UK Po	stcode LLLLLL		_
Name		Class of shares	Number
Address	<del></del>		3
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UK Po	stcode LLLLLL		_
Name I		Class of shares allotted	Number allotted
Address			
<u> </u>			_
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UK Po	ostcode		_
Name		Clara of about	NI
L		Class of shares allotted	Number allotted
Address			
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			_ \
UK Postcode L L I I I I			
UK Po	ostcode L L L L L L L		_ L
Please enter the number of continu	uation sheet(s) (if any) attached to t	his form	
MIADA	MY		
Signed X	Date V	10/05/04	
A director / secretary / administrator / adminis	trative manager / receiver manager / receiver	Please delete as	appropriate —
Please give the name, address,	BRECHER ABRAM		
telephone number and, if available, a DX number and Exchange of the		SVENOR STREET.	LONDON
telephone number and, if available, a DX number and Exchange of the person Companies House should	BROADBENT HOUSE, 64/65 GRO	· · · · · · · · · · · · · · · · ·	LONDON
telephone number and, if available, a DX number and Exchange of the	BROADBENT HOUSE, 64/65 GRO	SVENOR STREET, 1020 7629 2771	LONDON