88(2)
Return of Allotment of Shares

CHFP004

04733405 **Company Number** Company name in full STRIPEMICRO LIMITED Shares allotted (including bonus shares): From To Date or period during which Month Month Year Day Year Day shares were allotted (If shares were allotted on one date 0 1 0 enter that date in the "from" box. "A" ORDINARY "B" ORDINARY Class of shares (ordinary or preference etc) 499 500 Number allotted £1.00 £1.00 Nominal value of each share F1.00 £1.00 Amount (if any) paid or due on each share (including any share premium) 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 share 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 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 Ethel Austin Chester Ltd. (No. 04	541396)	Class of shares allotted	Number allotted
Address North House 17 North John Street	Liverpool Merseyside	"A" Ordinary	499
U	K Postcode L 2 5 E A L L		<u> </u>
Name Emery Farm Estates Ltd. (071013	7)	Class of shares	Number allotted
Address Stellar House Barbour Square High	th Street Tattenhall Chester	"B" Ordinary	500
Cheshire		- L	L
U	K Postcode C H 3 9 R F L		L
Name		Class of shares allotted	Number allotted
Address			
L	JK Postcode		
Name		Class of shares	Number allotted
Address			
t	JK Postcode டடடடட		L
Name		Class of shares	Number allotted
Address			anottou
UK Postcode			
Please enter the number of cont	inuation sheet(s) (if any) attached to thi	s form	
Signed X MABONE X Date 15/8/2003			
A director / secretary X XXXXIII SIRRIXX /X	en in independent in der in de	VEX Please dele	ete 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.		Tel	
88(2)	DX number	DX exchange	