

Shares allotted (including bonus shares):

Return of Allotment of Shares

To

SERVICE THE BEST OF THE

Please complete in typescript, or in bold black capitals.

CHFP059 Company Number

Company name in full

4183815				
sface	SHORWIES	(nn)	MININ	

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month	Year C	Day Month Year
Class of shares (ordinary or preference etc)	oromary 'A'	obsidary 1	8'
Number allotted	49	50	
Nominal value of each share	+(‡ 1	
Amount (if any) paid or due on each share (including any share premium)	+1	<i>‡</i> 1	
List the names and addresses of the allo	ottees and the number o	f shares allotted to	each overleaf
If the allotted shares are fully or p	artly paid up otherw	rise than in cas	h please state:

From

% 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, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in Scotland

DX 235 Edinburgh

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

Shareholder details	Shares and share class allotted		
Name S. L. Altrey	Class of shares allotted	Number allotted	
Address \(\chambell \text{Calaball way} \)	, oromany 'n'	24	
MAIDAG UK Postcode PR B 3 5 H	ordinal B.	25	
Name M.A. White	Class of shares allotted	Number allotted	
Address 23 IT WILL DEVICE	, oroman 'A'	2.5	
terner	obomen B.	2.5	
UK Postcode L32 L LLW			
Name	Class of shares allotted	Number allotted	
Address	_	,	
		L	
UK Postcode L L L L L L			
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode LLLLL	<u> </u>		
Name	Class of shares allotted	Number allotted	
Address	_		
<u> </u>			
UK Postcode		<u> </u>	
Please enter the number of continuation sheets (if any) attached to this	s form		
Signed	22)7/03		
A director / secretary / administrator / administrative receiver / receiver manager / rec	eeiver Please	delete as appropriate	
Please give the name, address, elephone number and, if available, a DX number and Exchange of the			
person Companies House should contact if there is any query.	Tel		

DX number

DX exchange