

## **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

Company name in full

04898884

K+T's

Company name in full	KAT'S FUOD & WINE LIMITED				
Shares allotted (including bor	nus shares):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From  Day Month Year  ISOP2003	To  Day Month Year			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	l l				
Nominal value of each share	(				
Amount (if any) paid or due on each share (including any share premium)	ch (				
List the names and addresses of th	ne allottees and the number of shares allot	ted 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)					
<u> </u>	When you have completed and	signed the form send it to			

COMPANIES HOUSE 15/11/03 Form revised January 2000

rge

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

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

**DX 235 Edinburgh** 

DX 33050 Cardiff

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

Shareholder details	Shares and share	Shares and share class, allotted		
Name TRACY ANN FLETCHER	Class of shares allotted	Number allotted		
Address 12 DORIC WAY	ORDINARY			
CREWE CHESTIPE				
UK Postcode CWI _ 3SX		<u></u>		
Name	Class of shares allotted	Number allotted		
Address				
	_			
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
		<u> </u>		
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address	-			
	_	L		
L	_			
UK Postcode				
Please enter the number of continuation sheets (if any) attached to this	form			
Signed	ate (O(11\03)	delete as appropriate		
Please give the name, address.				

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.

ACCOUNTANCY	BASED	COMPUT	NG
OLD HALL FART	HOUSE	BARTHON UP	<u>.                                    </u>
Clave aus Sp	2E	Tel OIZ TO	874646
DX number		change	-