

**Return of Allotment of Shares** 

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

**Company Number** 

05008283

Company name in full

PR.MA	SALES	ङ	SERVICES	L-3.	

Joinpany name in run	PRIMA JALES = SERVICES L-S.			
Shares allotted (including bonus	s shares):			
onares anotica (molaamig bona	From	То		
Date or period during which shares were allotted (If shares were allotted on one date	Day Month Year	Day Month Year		
enter that date in the "from" box)	0 4 0 5 2 0 0 4			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	ONE			
Nominal value of each share	ONE			
Amount (if any) paid or due on each share (including any share premium)	one found			
List the names and addresses of the a	llottees and the number of shares al	lotted 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)				

C This 0474 A58 COMPANIES HOUSE 06/05/04 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

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

DX 235 Edinburgh

DX 33050 Cardiff

Form revised January 2000

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Shareholder deta	Shares and share class allotted		
Name TOWN RICHARD W	(ov)	Class of shares allotted	Number allotted
Address 36 JENNER MEAN	•	Ond. MANY	, /
CHILMSFOR			
Éssex UK Postco	ode CM2 65I		L
Name		Class of shares allotted	Number allotted
Address		_	
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UK Postco	ode LLLLLL		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Posto	ode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
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Name	Class of shares allotted	Number allotted	
Address		-	
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UK Posto	code L L L L L L L		
Please enter the number of continuation	on sheets (if any) attached to the	is form	
	7	المساء	
A director/ secretary / administrator / admini			delete 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	<u></u>
	DY number	DX exchange	