## **NWRS**

88(2)
Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

Company Number	SII 49 78  The Leaflet Business Limited		
Company name in full			
Shares allotted (including be	onus shares):		
	From	То	
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	Day Month Year	
	2804200	4	
Class of Shares (ordinary or preference etc)	Ordinary		
Number allotted	1		
Nominal value of each share	£1		
Amount (if any) paid or due or share (including any share premium	i .		
List the names and addresses	of the allottees and the number of share	es allotted to each overleaf	
If the allotted shares are full % that each share is to be	ly or partly paid up otherwise than in	n cash please state:	
treated as paid up			
Consideration for which the shares were allotted (This information must be supported the duly stamped contract or by the duly stamped particulars of Form 88 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 1
Form revised January 2000

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales DX33050 Cardiff

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

**DX 235** Edinburgh

## Name's and addresses of the allottees (List joint share allotments consecutively)

Sharehol	Shares and share	Shares and share class allotted	
Name Joanne Ward		Class of shares allotted	Number allotted
Address 33 Chorley Road, Hilldale, Wigan, WN8 7AL	Parbold	Ordinary	1
UK P	ostcode		L
Name L		Class of shares allotted	Number allotted
Address ,			
L	ostcode LLLLL		L
Name		Class of shares	Number allotted
Address ,	· · · · · · · · · · · · · · · · · · ·		L
UK P	ostcode		
Name		Class of shares allotted	Number allotted
Address			
UK F	ostcode		L
Name		Class of shares allotted	Number allotted
Address			L
LIK I	Postcode L L L L L		L
	itinuation sheets (If any) attached t	o this form	<del></del> .
Signed <u>JC</u>	52V 2)	Date 28/04/	04
A director/secretary/administrator/ad	ministrative receiver/receiver manager/rece	Please 6	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	
	DX number	DX exchange	