

88(2)

or in bold black capitals.	Return of Allotment of Shares		
CHFP016			
Company Number	5245054		
Company name in full	TY MAWR WEST LIMITED		
Shares allotted (including bonus Date or period during which shares were allotted (If shares were allotted on one date	S shares): From Day Month Year	To Day Month Year	
enter that date in the "from" box) Class of shares (ordinary or preference etc.)	ORDINARY		
Number allotted	99		
Nominal value of each share	LI (ONE POUNS)		
Amount (if any) paid or due on each share (including any share premium)	LI (ONE RUND)		
List the names and addresses of the a	llottees and the number of shares allotted to	each overleaf	
If the allotted shares are fully or	partly paid up otherwise than in cas	h 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)			

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 Scotlland Edinburgh



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

Shareholder details		Shares and share class allotfed	
Name		Class of shares allotted	Number allotted
ELLIS WYN JONES		_	unottod
Address			
SLASHYN , NANTLLE TERRAL CAZRNARFON , GWYNEDD	E , NANTHLE	ORDINARY	1/2
CARRAGATEN GWYNEDD			
UK Postcode			
Name		Class of shares allotted	Number allotted
CAROL JONES		_	anonoa
Address			
GLASLYN , NANTLLE TEX	RRACE , WANTHEE	ORDINGRY	
CAERMARFON GWYNEDD		_	[
UK Postcode	, 上上54621		L
Name		Class of shares	Number
Name		allotted	allotted
Address	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
UK Postcode			}
Name		Class of shares	Number
		allotted	allotted
Address		_	
 			1
UK Postcode	;		
Please enter the number of continua	ation sheets (if any) attached to this	s form	
signed E.w. Jone	Di	ate 06.04.2005	
	r / administrative receiver / receiver ma		lete 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	