

**Return of Allotment of Shares** 

Please complete in typescript, or ın bold black capıtals. CHWP000

**Company Number** 

5378686

Company name in full

MPACT	HEATING	& PI	LIMBI	VG.
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CONTRACTORS LIMITED						
Shares allotted (including bonus shares):						
From	From To					
Day Month	Day Month Year		Day Month Year			
0 1 0 3 2 0	0 0 7					
Ordinary						
9900						
£1						
£1						
List the names and addresses of the allottees and the number of shares allotted to each overleaf						
If the allotted shares are fully or partly paid up otherwise than in cash please state						
100%						
BONUS ISSUE						
	rous shares):  From  Day Month  O 1 0 3 2 0  Ordinary  9900  £1  ch £1  re allottees and the number of or partly paid up otherwing to the state of t	rous shares):  From  Day Month Year  0 1 0 3 2 0 0 7  Ordinary  9900  £1  the allottees and the number of shares allower or partly paid up otherwise than in 100%	From  Day Month Year Day Month  O			





A25 04/10/2008 **COMPANIES HOUSE** 

When you have completed and signed the form send it to ie Registrar of Companies at:

ompanies House, Crown Way, Cardiff CF14 3UZ or companies registered in England and Wales

DX 33050 Cardiff

ompanies House, 37 Castle Terrace, Edinburgh EH1 2EB or companies registered in Scotland

DX 235 Edinburgh

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

Shareholder d	Shares and share	Shares and share class allotted			
Name Matthew Rowlands		Class of shares allotted	Number allotted		
Address 3 Greysbrook, Shenstone, Lichfield		Ordinary	7425		
Staffordshire					
UK Pos	stcode WS 1 4 0 L U	L			
Name Lisa Rowlands		Class of shares allotted	Number allotted		
Address 3 Greysbrook, Shenstone, Lichfield		Ordinary	2475		
Staffordshire					
UK Pos	stcode WS 1 4 0 L U	L			
Name		Class of shares allotted	Number allotted		
Address		_			
1					
UK Pos	stcode	L			
Name		Class of shares allotted	Number allotted		
Address		_			
		_	<u> </u>		
L		_	·		
UK Pos	stcode	L			
Name		Class of shares allotted	Number allotted		
Address					
L	<del></del>	-			
UK Pos	stcode	L			
Please enter the number of continual	tion sheets (if any) attached to this	form			
	7,	. \			
A director / se <u>cretary</u> -/ administ <u>rator</u> -/ admi		erver Please	delete as appropriate		
Diagon sine 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	Tel				
	DX number DX exchange				