Package:

'Laserform'

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHFP025

**Company Number** 

Company name in full

88	(2)
Return of Allotm	ent of Shares

Shares allotted (including bonus	s silaies).	
	From	То
Date or period during which hares were allotted	Day Month Year	Day Month Year
f shares were allotted on one date nter that date in the "from" box)	2 4 0 9 2 0 0 5	
Class of shares ordinary or preference etc)	ORDINARY	
lumber allotted	287,055,432	
Nominal value of each share	₹1.00	
Amount (if any) paid or due on each	€0.00	

TURMA WE LIMITED

% that each share is to be treated as paid up

100

If the allotted shares are fully or partly paid up otherwise than in cash please state:

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) SHARES ISSUED AS CONTIDERATION FOR THE TRANSFER OF THE ENTIRE ISSUED SHARE CAPITAL OF A COMPANY INVESTIGATED UNDER THE LAWS OF DELAWARE, WA, NAMED EUROHEALTH (USA), INC.



A42 A5QY592 COMPANIES HOUSE

0030 28/09/05 When you have completed and signed the form please 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
For companies registered in Scotland

DX 235 Edinburgh

Shareholder details	Shares and shar	Shares and share class allotted	
Mame  HUKMA INTERNATIONAL N.V.	Class of shares allotted	Number allotted	
PROF. V.H. BAVINCKLAAN 7, 1183 AT AMSTER THE NETHERMANDS	VEEN ORBINARY	287,055,452	
THE NETHERLANDS			
UK Postcode டூடு			
Name	Class of shares allotted	Number allotted	
Address		- 1	
UK Postcode			
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			
UK Postcode			
Please enter the number of continuation sheets (if any) attach	ed to this form  Date 24 09. 05		
A director / secretary / administrator / administrative receiver / receiver	Date	delete as appropriate	
Please give the name, address, elephone 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