Douglas	Compressed Services Laurence

88(2) **Return of Allotment of Shares** CHFP096 **Company Number** 5848088 DKP FINISHING LIMITED Company Name in full Shares allotted (including bonus shares): To From Date or period during which Day Month Month Year Year Day shares were allotted (If shares were allotted on one date 00 0 0.0 enter that date in the "from" box.) Class of shares ORO, MARY (ordinary or preference etc) 99 Number allotted P1-00 Nominal value of each share Amount (if any) paid or due on each 60-13 share (including any share premium) List the names and addressed 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: % that each share is to be 100 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 for companies registered in Scotland DX 235 Edinburgh

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

Shareholder details	Shares and share cl	Shares and share class allotted	
Name DAID JAMES MEASURES	Class of shares allotted	Number allotted	
Address 18 CARRATTS KANG	ORD, MARY	. 66	
BANSTEAD SURREY			
UK Postcode SM7_2	<u></u>		
Name PAON ANTHONY MEASURES	Class of shares allotted	Number allotted	
Address 12A CHIPSTEAD (ARADE STATION)	ORDINARY	_33	
COORSOOD SURREY			
UK Postcode ことところ	₹	<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode	<u> </u>		
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Please enter the number of continuation sheet(s) (if any) attach Signed A director / secretary /administrator / administrative receiver / receiver manager / 1	Date	elete as appropriate	
Please give the name, address, telephone number and, if available,	cost cost		