

Please complete in typescript, or in bold black capitals CHFP001

88(2)

Return of Allotment of Shares

4			
Company Number	6218178		
Company name in full	247 COMMERCIALS LIMITED		
Shares allotted (including bonus shares)			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year 1 7 0 4 2 0 0 7		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted			
Nominal value of each share	£1		
Amount (if any) paid or due on each share (including any share premium)	£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:			
% 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)			

WEDNESDAY



A31 13/06/2007 COMPANIES HOUSE 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 Scotland Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively)			
Shareholder details	Shares and share class allotted		
Name JULIA CARROLL	Class of shares Number allotted allotted		
Address L 172 LONE ROAD, CLYDACH L SWANSEA, WEST GLAM	LORDINARY L		
UK Postcode LSLALBL LS LJLB	<u> </u>		
Name Address	Class of shares Number allotted allotted		
	<u> </u>		
UK Postcode L L L L L	L		
Name L Address	Class of shares Number allotted allotted		
UK Postcode L L L L L L	<u> </u>		
Name LAddress	Class of shares Number allotted allotted		
UK Postcode L L L L L L	Class of shares Number		
Name	allotted allotted		
UK Postcode L L L L L			
Please enter the number of continuation sheets (if any) attached to this for Signed A director / secretary / administrator / administrative receiver / receiver manager / receiver /	te 12/06/07		
Please give the name, address, telephone number and, if available, a DX number and Exchange of the	PARTNERSHIP		