

Please complete in typescript, or in bold black capitals CHWP001

**Return of Allotment of Shares** 

Company Number	6544528		
Company name in full	AAROVARK WISBECH 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 1 0 8 2 0 0 8		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	2		
Nominal value of each share	11		
Amount (if any) paid or due on each share (including any share premium)	11		
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			





21/08/2008 **COMPANIES HOUSE** 

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)

68

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff

When you have completed and signed the form send it to

For companies registered in England and Wales

the Registrar of Companies at:

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB **DX 235** For companies registered in Scotland <u>Edinburgh</u>

10/99

Names and addresses of the allottees (List joint share allotments	s consecutively)	
Shareholder details	Shares and share class allotted	
Name JENNIFER ELLA CLARK	Class of shares allotted	Number allotted
Address 44 ELM ROAD.	ORDINARY	
UK Postcode PEJ3 2TB		L
Name L	Class of shares allotted	Number allotted
Address	_	L
	_	
UK Postcode L L L L L		
Name	Class of shares allotted	Number allotted
Address L		<u> </u>
<u> </u>		t
UK Postcode L L L L L		
Name L	Class of shares allotted	Number allotted
Address	_	L
ľ	_	L
UK Postcode L L L L L	<u> </u>	
Name	Class of shares allotted	Number allotted
Address	_	L
L		
UK Postcode LLLLLL	L	
Please enter the number of continuation sheets (if any) attached to this for	pare 1/8/07	
A director / secretary / administrator / administrative receiver / receiver manager /	receiver Please	delete as appropriate
lephone number and, if available,		
	Tel 0155 OS DX exchange KING	3 774104
Please enter the number of continuation sheets (if any) attached to this form of A director / secretary / administrator / administrative receiver / receiver manager / 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 guery	Please  VING STREET  LYNN  Tel 0155	3 7741