

Return of Allotment of Shares

Please complete in typescript, or ın bold black capitals. **CHFP000**

Company Number

6693435

Company name in full

INTERNAL	BEAUTY CLINIC LTD	

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 Day Month Ye	To Par Day Month Year			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	99				
Nominal value of each share	£1-00				
Amount (if any) paid or due on each share (including any share premium)	B1-00				
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	100%				
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)	CASH				
When you have completed and signed the form send it to the Registrar of Companies at: Companies House Crown Way, Cardiff CE14 3UZ DX 33050 Cardiff					



04/10/2008 **COMPANIES HOUSE**

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

For companies registered in England and Wales

For companies registered in Scotland

DX 235 Edinburgh

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

Shareholder details	Shares and share class all	
Name MRS LISA DAWN MONAGHAN-JONES Address	Class of shares allotted	Number allotted
LO PARK DRIVE, SHELLEY	LORDINARY	69
UK Postcode HDB 25		
Name MR DAVID MONAGHAN-JONES Address	Class of shares allotted	Number allotted
DO PARK DRIVE, SHELLEY	DEDINARY	30
UK Postcode LHD 8 87 E		L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode	L	L
Name	Clace of shares allotted	Number allotted
Address		L
UK Postcode	<u> </u>	L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode LLLLL		
Please enter the number of continuation sheets-(if any) attached to this		a ×1
Signed	4	elete as appropriate
Please give the name, address, telephone number and, if available,		

telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query

FINLAYSON & CO WHITBY COURT	
ARBEY HUAD	100 951
SHEPLEY HUDDERSFIELD 1 TEL 01484 60822	2 Tel
DX number	DX exchange