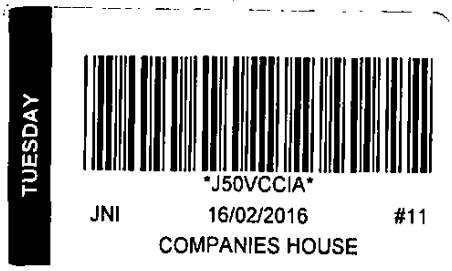
SCHEDULE

Regulation 4



Form No. VL1

Notice of appointment of liquidator
Voluntary winding up
(Members or Creditors)

VL1

Please do not write in this margin

Please complete legibly, preferably in black type, or bold, block lettering

Pursuant to Article 85 of the Insolvency (Northern Ireland) Order 1989

To the Registrar of Companies

For official use

Company number NI060459

*insert full name of company

Name of company

* ABM (NI) LIMITED

Nature of business

BUYING & SELLING OF OWN REAL ESTATE

I/we give notice that I/we have been appointed liquidator(s) of the above company on 8 FEBRUARY 2016

+ delete as appropriate

The appointment was by [~~the company~~] [the creditors] +

Type of liquidation [~~Members~~][Creditors]+

Name of Liquidator	LIZ MCKEOWN
Office holder number	NI002
Address	3 WELLINGTON PARK BELFAST BT9 6DJ
Signature	[signature] Date 8/2/16

Name of Liquidator	ALISON BURNSIDE
Office holder number	GBNI 85
Address	1-3 ARTHUR STREET BELFAST BT1 4GA
Signature	[signature] Date 8/2/16

Presentor's name, address and reference (if any):

Time critical reference

For Official Use

Public Office

Document Checking Section

After signing please return the form to
The Registrar of Companies for Northern Ireland