

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

Company name in full

SC 7	239	7589		
A-e	P	WRIGHT	NTO	

<u></u>				
Shares allotted (including bonus	shares):			
	From		То	
Date or period during which shares were allotted	Day Month	Year	Day Mon	th Year
(If shares were allotted on one date enter that date in the "from" box)	114/11/21	0017		
Class of shares (ordinary or preference etc)	ORS			
Number allotted	1			
Nominal value of each share	EI			
Amount (if any) paid or due on each share (including any share premium)	EI			
List the names and addresses of the allow	tees and the number of	shares allotte	ed to each over	rleaf
If the allotted shares are fully or pa	ırtly paid up otherwi	se than in o	ash 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)				
VV	hen you have comp	leted and s	igned the fo	rm 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)

Sharehold	er details	Shares and share	e class allott		
Name PAMELA VRIGH	7	Class of shares allotted	Number allotted		
Address DHALLING VILLE	1	ORB			
14A HUNTER STRE		_			
· Uk	(Postcode LAZ3BDZ	t			
Name		Class of shares allotted	Number allotted		
Address					
L			L		
UK	Postcode		· •		
Name		Class of shares allotted	Number allotted		
Address		_			
			L		
UK	Postcode	<u> </u>	<u> </u>		
Name		Class of shares alfotted	Number allotted		
Address					
			<u> </u>		
UKF	Postcode		<u> </u>		
iame		Class of shares allotted	Number allotted		
Address		<u> </u>			
		L	<del></del>		
UKP	ostcode		L		
Please enter the number of continu	ation sheets (if any) attached to this fo	orm			
A director / secretary / administrator / administrator /	Date ministrative receiver / receiver manager / receiver	er <i>2</i> 3-3-04 er <i>Please del</i>	ete as appropriate		
ase give the name, address, ephone number and, if available,	Sinclair Wood & Co, Chartered Accountants,				
X number and Exchange of the son Companies House should	Gordon Chambers, 90 Mitchell Street, Glasgow, G1 3NQ				
tact if there is any query.	Tel 0141 221 6807				
·	DX number	X exchange			

DX exchange