

Return of Allotment of Shares

Please complete in typescript, or

in bold black capitals.			
Company Number	SC252805		
Company name in full	BIG OWEN'S BAR LIMITED		
Shares allotted (including bo	nus shares):		
	From To		
Date or period during which shares were allotted	Day Month Year Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	1,70,82,0,0,3		
Class of shares (ordinary or preference etc)	Ordinary		
Number allotted	1		
Nominal value of each share	£ 1.00		
Amount (if any) paid or due on each share (including any share premium)	ch £ 1.00		
List the names and addresses of th	e 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			

When you have completed and signed the form send it to the Registrar of Companies at:

15/10/04

stamped particulars on Form 88(3) if the

contract is not in writing)

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

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

Shareholder details		Shares and share class allotted	
Name Gerard Anthony O'Brien		Class of shares allotted	Number allotted
Address 6/1 Esdaile Bank, The Grange		Ordinary	1
Edinburgh			
UK Po	ostcode E H 9 L 2 P N	L	
Name		Class of shares allotted	Number allotted
Address			
		_	<u> </u>
UK Po	ostcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
UK Po	ostcode LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address		-	
L			<u> </u>
UK Po	ostcode ∟∟∟∟∟∟	<u> </u>	
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Po	stcode		
Please enter the number of continue	ation sheets (if any) attached to this	form	
Signed Signed		ate 15 10 0	<u>3</u>
A director / secretary administrator / adr	ministrative receiver / reseiver manager / ree	eiver Please	delete as appropriate
Please give the name, address, elephone number and, if available,			
DX number and Exchange of the erson Companies House should			
ontact if there is any query.	WHA!	Tel	
	DX number	DX exchange	