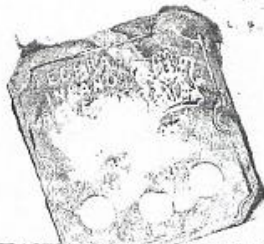


CORPORATE AFFAIRS COMMISSION



FORM CAC 2

176616

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

Pursuant to Section 35 & 129

Company Number

[Blank box for Company Number]

Company Name

LIVINGSTONE ENGINEERING ENERGY LIMITED

In the Opinion of the Commissioner
the instrument contained therein is

DULY STAMPED

Date: 12/7/14
Commissioner of Stamp Duties, Ikeja

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION NAIRA ONLY

AMOUNT IN WORDS

N

1,000,000

DIVIDED INTO

ONE MILLION

OF N

1.00

EACH

b. RETURN OF ALLOTMENT OF SHARES

IF THE WITHIN INSTRUMENT IS IN THE
OPINION OF THE COMMISSIONER OF
STAMP DUTIES, CHECKABLE WITH

Number of shares allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due payable on each share:

Number of shares allotted for consideration other than:

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

ONE MILLION
ONE MILLION NAIRA
ONE MILLION

Dated this

12/7/14

day of

FEBRUARY

20

14

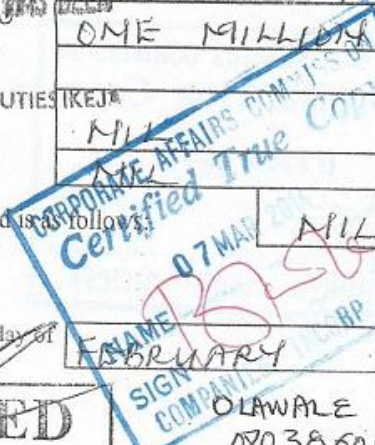
Signature of Director

CHECKED

Date: 12/7/14
Commissioner of Stamp Duties, Ikeja

Name of Director: No.

OLAWALE JOEL ISOLA
08038604621



NAME AND ADDRESS OF SHARE HOLDERS					No. of Shares Allotted
Name:	OLAWALE JOEL ISOLA				700,000
Address:	2, AGRIC ESTATE, OFF ISHERI/LAS 4				
City	ROAD, BY ORIENTA BUSS TOP				
P.O. Box	ISHERI - OLD FIN	State	LAGOS		
		Email	joewale2001@yahoo.com		
Name:	ENWERE BLESSING NYANCHI				125,000
Address:	2, AGRIC ESTATE, OFF ISHERI/LAS 4				
City	ROAD, BY ORIENTA BUSS TOP				
P.O. Box	ISHERI - OLD FIN	State	LAGOS		
		Email	blessingolawale8@gmail.com		
Name:	ADETONA SUNDAY OLADE TO				100,000
Address:	ORE-OLUWA COTTAGES, BESIDE				
City	SAWMILL, IBARAPA CENTRAL LGA				
P.O. Box	14BODRA	State	OYO		
		Email	SOADETONA2004@yahoo.com		
Name:	ADEOSUN SUNDAY OLUWASEUN				75,000
Address:	25, GEMISOLA STREET, OFF ALLEN				
City	AVENUE				
P.O. Box	IKERJA	State	LAGOS		
		Email	adeosunse@yahoo.com		
Name:					
Address:					
City					
P.O. Box					
Name:					
Address:					
City					
P.O. Box					

CORPORATE AFFAIRS COMMISSION
Certified True Copy

07 MAR 2014

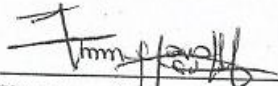
NAME

SIGN

COMPANIES INCORP OFFICER.

NAME AND ADDRESS OF SHARE HOLDERS				No. of Shares Alloted	Type of Shares
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				
Name:					
Address:					
City	State				
P.O. Box	Email				

CORPORATE AFFAIRS COMMISSION
 Certified True Copy
 07 MAR 2011
 NAME: [Signature]
 SIGN: [Signature]
 COMPANY: [Signature]


 Signature of Director

OLAWALE JOEL ISOLA
 08038604621
 Name of Director & Tel. No.

Presented for filling by:

Name: NIKANOMA MCCRISTIE EZENTA Accreditation Number: CAC/IND/NCA/21070
 Address: 6, ALLIUE BOYIMI OFFICE ROAD OKOTA LAGOS
 Tel. No. & E-mail: 08062286006 Signature & Date: [Signature]