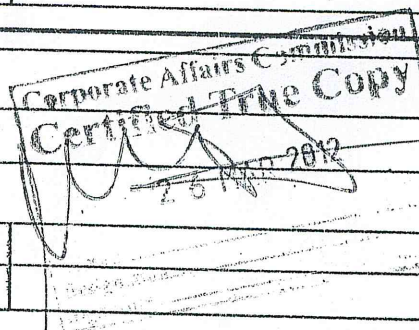


# NAME AND ADDRESS OF SHARE HOLDERS

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				



Signature of Director

0980980 UZUMA  
Name of Director & Tel. No.

Presented for filling by:

Name: UKAGIRY KYRIAN Accreditation Number: NSA/18737  
Address: 24D SABONDALE SHOPPING COMPLEX JABS  
Tel. No. & E-mail: 08064929001  
Signature & Date: Tmel