NAME AND ADDRESS OF S	HAME HULDLICS	No. of Shares Alloted	Type of Shares
Name:			And the contract of the Statement St
Address:			
		and the same of th	
City	State		
P.O. Box	Email		
Name:			
Address:			
City	State		
P.O. Box	Email		
Name:			***************************************
		<u> </u>	
Address:			
W	State		
P.O. Box	Email		
Name:			n Ann and held beginning to the second of the
Address:	· man engla e maria con con e mano come a maria and a fire		State of the party of the same
		The state of the s	
City	/ State		
P.O. Box			
Westernament and the second se	Entail	and the same of th	
Name:	Corporate Affairs C	COLINA I	
Address:	Certification Communication of the Communication of	15 paral	
xuuress.		-28/2	
	0-7-01-9	and the second s	
P.O. Box	State	And the state of t	
.O. BOX	Email 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A BOOLINE			
All Ville	f^{r}		7 000
Myman		() (1) (1) (1)	CITYT
		Name of Director & Total	
Signature of Director		Name of Director & Tel. N	
Signature of Director Presented for filling by:		Name of Director & Tel. N	lo.
Signature of Director Presented for filling by:	1 KYRIAN Accreditation TONDALE SHOPPING CO	Name of Director & Tel. N	lo.