ASIC registered agent number lodging party or agent name office, level, building name or PO Box no. street number & name suburb/city	state/territory postcode			208 page 1/2 28 August 200 A BARCODE IS NOT REQUIRED ON THIS	
telephone facsimile				DOCUMENT  ASS. TREGA	
DX number				CASH. REQ.P PROC.	
	Australian Securities & Investments Commission				
	Notification of			form <b>208</b>	
	details of	shares issued other tha	n for cash	Corporations Act 2001 117(2), 163(3), 254X(1), 601BC(2)	
company name	BIDGEE FINANCE LTD				
A.C.N.	000 362 596				
Details of the shares is	ı sued				
	class code	total number of shares issued	date of issue (d/m	/y}	
	ORD	36,285	01/	02/07	
	class code	total number of shares issued	date of issue (d/m	(y)	
	class code	total number of shares issued	date of issue (d/m	/y)	
Details of the issue	(Tick the boxes wh	ich apply and filf in the details required.)			
date of the contract (d/m/y) parties to the contract		is made under a contract not reduced to wi	riting.		
nature of the contract	<del></del>				
date of the contract (d/m/y) parties to the contract	1 / 2 / 0			/7 n	
·	DELTA FINANCE CORPORATION PTY LTP  AND				
nature of the contract	Acqui	BIDGEE FINANCE SITION OF BUSINES	S KNOWN A	AS DEZTA FNANCE	
relevant clauses in constitution and/or replaceable rules	The issue wa	s made under a provision in the company's	s constitution / replacea	hle rules.	

		208 page 2/2 28 August 20
	dividend declared in favour of, but not payable pay up, or p	vas made by using an account or reserve to artly pay up, unissued shares to which the rs have become entitled.
date of relevant resolution or authority summary of the provisions of the relevant resolution or other authority	(d/m/y) / /	
details of the property:	The issue was made in satisfaction or part satisfaction of the purchase pri	ce of property.
	amount paid in cash amount deemed as paid in shares issued amount of debt released or liabilities assumed (including mortgages on the property) TOTAL purchase price	\$ \$ \$ \$
details: - - - -	The issue was made in consideration of services rendered or any other con	sideration not mentioned above.
Cianatura		Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form
print name	I certify that the information in this form is true and complete.  WENDY LEANE CAPACITY  COMPAND SECRETARY  When  4/4/07	Include The time actually spent reading the instructions, working on the question and obtaining the information The time spent by all employees in collecting and providing this information
	4/4/07	hrs mins