A1 Company Services Limited

Revised(2005) **Return of Allotment of Shares**

Please complete in typescript, or in bold black capitals. CHFP091

Company Number	06871094
Company name in full	AIR TRAFFIC CONTROL TRAINING OPERATIONS AND SAFETY CONSULTANTS LIMITED
_	
Shares allotted (including bor	ius shares):
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month Year O 6 0 4 2 0 0 9
Class of shares (ordinary or preference etc)	ORZINARY
Number allotted	99
Nominal value of each share	<i>±</i> 1
Amount (if any) paid or due on each share (including any share premium)	t1
	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 Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)	





30/04/2009 A80 **COMPANIES HOUSE**

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

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 DX 235 Edinburgh for companies registered in Scotland

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

Shareholder details	Shares and share cl	Shares and share class allotted	
Name	Class of shares	Number	
CHAISTOPHER NAVAN GOMEZ	allotted	allotted	
Addresss		_	
STUCKS COTTACE HICH STATES DAMENTA	As OR) MARY	99	
Faredingonings times			
UK Postcode S16 3 EM		.	
Name	Class of shares allotted	Number allotted	
Addresss			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Addresss			
		_ L	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Addresss			
L		·	
UK Postcode			
Name .	Class of shares allotted	Number allotted	
Addresss			
		_	
UK Postcode		. !	
Please enter the number of continuation sheets (if any Signed .) attached to this form Date 0 0 0 0 0		
A director / <u>secretary / administrator / administrative receiver</u>	/ receiver manager / receiver Please	delete as appropriate	
Please give the name, address, elephone number and, if available,			
a DX number and Exchange of he person Companies House should			
contact if there is any query.	Tel	 	
DY number	··		