



US Department of Transportation
Federal Aviation Administration

MAJOR REPAIR AND ALTERATION
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved
OMB No. 2120-0020
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark <u>U.S.A. N-5962E</u>	Serial No. <u>17462</u>
	Make CESSNA	Model <u>150</u> Series <u>N/A</u>
2. Owner	Name (As shown on registration certificate) <u>SKY SERVICES INC.</u>	Address (As shown on registration certificate) <u>99 WRIGHT WAY</u>
		City <u>MARION</u> State <u>MT.</u>
		Zip <u>59925</u> Country <u>U.S.A.</u>

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.	
Name	<u>KENNETH J. WEBSTER</u>	<input checked="" type="checkbox"/>	U. S. Certified Mechanic	Manufacturer	
Address	<u>99 WRIGHT WAY</u>	<input type="checkbox"/>	Foreign Certified Mechanic		
City	<u>MARION</u> State <u>MT.</u>	<input type="checkbox"/>	Certificated Repair Station		
Zip	<u>59925</u> Country <u>U.S.A.</u>	<input type="checkbox"/>	Certificated Maintenance Organization	<u>AP 3255204</u>	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <u>11 JULY 2011 Kenneth J Webster</u>
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. <u>JA 3255204</u>	Signature/Date of Authorized Individual <u>11 JULY 2011 Kenneth J Webster</u>
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

U.S.A.

N-5962E

Nationality and Registration Mark

Installation of vortex generators on the wings and tail surfaces in accordance with Drawing Package MA2171, Revision IR, dated July 17, 2002, and Installation Manual MA2172, Revision IR, dated September 6, 2002, per STC#SA01125SE.

Instructions for Continued Airworthiness of Micro Vortex Generator Installations are stated on VG Operating Placard #MA8001 which must be installed in an easily seen location in the cockpit. This placard states: "if more than 5 VGs are damaged or missing, the aircraft is not airworthy." To make it airworthy, the missing VGs in excess of five need to be replaced. The VGs should be examined prior to each flight, during the pre-flight inspection, to determine if any are missing or damaged. Missing or damaged VGs in excess of five need to be replaced by the installation of a new (replacement) part. Installation is accomplished with Loctite Depend Adhesive #330. No other maintenance or inspections are necessary.

Negligible weight change

END

Additional Sheets Are Attached



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1. Aircraft	Nationality and Registration Mark U.S.A. N-5962E	Serial No. 17462	
	Make Cessna	Model 150	Series n/a
2. Owner	Name (As shown on registration certificate) Sky Services Inc.	Address (As shown on registration certificate) Address 99 Wright Way	
		City Marion State Mt. Zip 59925 Country U.S.A.	

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No. A&P3255204
Name <u>Kenneth J. Webster</u>		<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer	
Address <u>99 Wright Way</u>		<input type="checkbox"/> Foreign Certificated Mechanic		
City <u>Marion</u> State <u>Mt.</u>		<input type="checkbox"/> Certificated Repair Station		
Zip <u>59925</u> Country <u>U.S.A.</u>		<input type="checkbox"/> Certificated Maintenance Organization		

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 7 May 2010 <i>Kenneth J. Webster</i>
------------------------------------------------------------------------	------------------------------------------------------------------------------------

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. IA3255204	Signature/Date of Authorized Individual 7 May 2010 <i>Kenneth J. Webster</i>
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

U.S.A. N-5962E

7 May 2010

8. Description of Work Accomplished

Nationality and Registration Mark

Date

1. Installed Electronics International, Inc. electronic tachometer, model # R-1-4, s/n 116237.

2. Installed electronic tachometer i/a/w Electronics International installation guide # OI 0517911, with approval through STC# SA 5924NM.

————— END —————

Additional Sheets Are Attached



US Department of Transportation
Federal Aviation Administration

MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

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For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a)).

1. Aircraft	Nationality and Registration Mark: U.S.A. N-5962E	Serial No. 17462	
	Make Cessna	Model 150	Series n/a
2. Owner	Name (As shown on registration certificate) Sky Services Inc.	Address (As shown on registration certificate) Address 99 Wright Way	
		City Marion State Mt.	Zip 59925 Country U.S.A.

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name Kenneth John Webster	Address 99 Wright Way	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
City Marion State Mt.	Zip 59925 Country U.S.A.	<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
		<input type="checkbox"/> Certificated Repair Station	AP516948303
		<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual June 6, 2007 <i>Kenneth Webster</i>
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. IA516948303	Signature/Date of Authorized Individual June 6, 2007 <i>Kenneth Webster</i>
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

U.S.A. N-5952E

June 6, 2007

Nationality and Registration Mark

Date

1. Installed Icom model # IC-A200 VHF comm radio i/a/w Icom installation instructions with reference to AC43-13-2A , chapter 2 radio installations.
2. Hook up coax antenna cable to previously installed comm antenna.
3. Install 10 amp circuit breaker as directed by Icom installation instructions.
4. Hook up audio wiring to previously installed microphone and headphone jacks.
5. The above alteration to be maintained i/a/w Icom instructions for continued airworthiness and FAR part 43 appendix J. for continued airworthiness.

Additional Sheets Are Attached



US Department
of Transportation
Federal Aviation
Administration

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Form Approved
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11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark U.S.A. N-5962E	Serial No. 17462	
	Make Cessna	Model 150	Series n/a
2. Owner	Name (As shown on registration certificate) Sky Services Inc.	Address (As shown on registration certificate) Address 99 Wright Way	
		City Marion State Mt.	Zip 59925 Country U.S.A.

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address			B. Kind of Agency		
Name	Kenneth John Webster		<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	Manufacturer
Address	99 Wright Way		<input type="checkbox"/>	Foreign Certificated Mechanic	C. Certificate No.
City	Marion	State Mt.	<input type="checkbox"/>	Certificated Repair Station	AP516948303
Zip	59925	Country U.S.A.	<input type="checkbox"/>	Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual June 6, 2007 <i>Kenneth Webster</i>
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station <input checked="" type="checkbox"/>	Inspection Authorization	Other (Specify)

Certificate or Designation No. IA516948303	Signature/Date of Authorized Individual June 6, 2007 <i>Kenneth Webster</i>
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

U.S.A. N-5962E

June 6, 2007

Nationality and Registration Mark

Date

Install Electronics International digital volt/amp gauge in accordance with Electronics International installation instructions #11040934 and approval through STC# SA2693NM.

Additional Sheets Are Attached



US Department of Transportation
 Federal Aviation Administration

MAJOR REPAIR AND ALTERATION
 (Airframe, Powerplant, Propeller, or Appliance)

Form Approved
 OMB No. 2120-0020

For FAA Use Only

Office Identification

998 1500 05

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

1. Aircraft	Make <i>CESSNA</i>	Model <i>150</i>
	Serial No. <i>17462</i>	Nationality and Registration Mark <i>N5962E</i>
2. Owner	Name (As shown on registration certificate) <i>David N Bolstad</i>	Address (As shown on registration certificate) <i>355 FERNDALE DR Bigfork MT 59901</i>

3. For FAA Use Only

4. Unit Identification				5. Type	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME	----- (As described in Item 1 above) -----				X
POWERPLANT					
PROPELLER					
APPLIANCE	Type				
	Manufacturer				

6. Conformity Statement

A. Agency's Name and Address <i>CARL VIK BROSTEN 1880 Hwy 93 So Kalispell, MT 59901</i>	B. Kind of Agency <input checked="" type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Manufacturer	C. Certificate No. <i>516725651</i>
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D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Date <i>12-21-93</i>	Signature of Authorized Individual <i>Carl Vik Brosten</i>
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7. Approval for Return To Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is APPROVED REJECTED

BY	FAA Fit. Standards Inspector	Manufacturer	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)
	FAA Designee	Repair Station	Person Approved by Transport Canada Airworthiness Group	
Date of Approval or Rejection <i>12-21-93</i>		Certificate or Designation No. <i>516725651</i>	Signature of Authorized Individual <i>Carl Vik Brosten</i>	

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.


8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

1. installed Whelen 70509 Flasher; TSO-C96a
In Accordance with manufacturer's instructional drawings.
2. installed ACK ELT E-01; TSO-91a in accordance
with manufacturer's instructional drawings.
3. weight & Balance computed and REvised
4. Log Book entry made this date

END

Additional Sheets Are Attached

 US Department of Transportation Federal Aviation Administration		MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)		Form Approved OMB No. 2120-0020 For FAA Use Only Office Identification NM-FSDO-05 <i>[Signature]</i>	
INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).					
1. Aircraft		Make Cessna Serial No. 17462		Model 150 Nationality and Registration Mark N5962E	
2. Owner		Name (As shown on registration certificate) Bolstad David N		Address (As shown on registration certificate) 355 Ferndale Dr. Bigfork, MT 59911	
-3- For FAA Use Only					
4. Unit Identification				5. Type	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME	(As described in Item 1 above)				XX
POWERPLANT					XX
PROPELLER					
APPLIANCE	Type				
	Manufacturer				
6. Conformity Statement					
A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.	
Carl Vik Brosten 1880 Hwy 93 South Kalispell, MT 59901		<input checked="" type="checkbox"/> U.S. Certificated Mechanic		516725651	
		<input type="checkbox"/> Foreign Certificated Mechanic			
		<input type="checkbox"/> Certificated Repair Station			
		<input type="checkbox"/> Manufacturer			
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
Date 11-1-93		Signature of Authorized Individual <i>Carl Vik Brosten</i>			
7. Approval for Return To Service					
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA Flt. Standards Inspector	Manufacturer	<input checked="" type="checkbox"/>	Inspection Authorization	Other (Specify)
	FAA Designee	Repair Station		Person Approved by Transport Canada Airworthiness Group	
Date of Approval or Rejection 11/01/93		Certificate or Designation No. 516725651		Signature of Authorized Individual <i>Carl Vik Brosten</i>	

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

B. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

1. Vacuum Pump, Regulator, Artificial Horizon, Directional Gyro, and associated plumbing removed by persons unknown.
2. Equipment is non-essential for day VFR operation per FAR part 91.213 (d)(2)(i).
3. Weight and Balance computed and revised.

-----END-----

Additional Sheets Are Attached

U. S. DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION

Form Approved, Budget Bureau No. 41-E6415

**APPLICATION FOR AIRWORTHINESS CERTIFICATE
AND/OR ANNUAL INSPECTION OF AN AIRCRAFT**

INSTRUCTIONS
Please print or type. Submit this form to the
Civil Aeronautics Administration Aviation Safety
Field Representative.

1. TYPE OF APPLICATION (Check which)

- ORIGINAL ISSUANCE OF CERTIFICATE
- ANNUAL INSPECTION FOR RENEWAL OF CERTIFICATE
- AMENDMENT OR MODIFICATION OF CURRENT CERTIFICATE
- RECERTIFICATION UNDER THE PROVISIONS OF CAR 8
- MULTIPLE CERTIFICATE UNDER THE PROVISIONS OF CAR 8
-

2. AIRWORTHINESS CLASSIFICATION (Check appropriate item(s))

It is requested that the Certificate of Airworthiness be issued to permit operation of the aircraft in the following airworthiness classification(s):

- STANDARD (NORMAL UTILITY, ACROBATIC, TRANSPORT CATEGORIES)
- LIMITED (SEE CAR 9)
- RESTRICTED (SEE CAR 8)
(Check the restricted special purpose operation(s) to be conducted)
 - AGRICULTURAL AND PEST CONTROL
 - AERIAL ADVERTISING
 - AERIAL SURVEYING
 - GLIDER TOWING
 - PATROLLING
 - FOREST AND WILDLIFE CONSERVATION
 - WEATHER CONTROL
 - OTHER
- EXPERIMENTAL
(Check the type of experimental operation(s) to be conducted)
 - RESEARCH AND DEVELOPMENT
 - AMATEUR-BUILT
 - DEMONSTRATION
 - RACING
 - EXHIBITION
 - OTHER

3. AIRCRAFT IDENTIFICATION (Complete all items)

a. AIRCRAFT MAKE Cessna	b. AIRCRAFT MODEL 150	c. AIRCRAFT SERIAL NO. 17462
d. ENGINE MAKE Continental	e. ENGINE MODEL O-200-A	

4. AIRCRAFT REGISTRATION INFORMATION (Complete all items)

a. REGISTERED OWNER'S FULL NAME Cessna Aircraft Company	b. PERMANENT MAILING ADDRESS Wichita, Kansas	c. AIRCRAFT NATIONALITY AND REGISTRATION MARK N- 5962E
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5. AIRCRAFT OWNER'S CERTIFICATION (Check and complete appropriate item)

I hereby certify that I am the registered owner (or his agent) of the aircraft identified in Item 3 above which is registered* with the Civil Aeronautics Administration as required by the Regulations of the Administrator, Part 501 or 502 and when operated displays the following evidence of registration:

- CERTIFICATE OF REGISTRATION, FORM ACA-500 (PART A), DATE OF ISSUE _____
- APPLICATION FOR REGISTRATION, FORM ACA-500 (PART B), FORM ACA-500, PART A, FORWARDED TO CAA AIRCRAFT RECORDS BRANCH, W-300 ON _____ (DATE)
- DEALER'S REGISTRATION CERTIFICATE, FORM ACA-1707, DATED 7-28-58

*In order to be eligible for registration an aircraft must be owned by a citizen of the United States, as defined by Section 1 (15) of the Civil Aeronautics Act of 1938, as amended.

ATTACHMENTS (Check which)

- ACA-319
- ACA-337
- ACA-317
- WEIGHT AND BALANCE REPORT
- DATA, DRAWINGS, ETC.
- UNAPPROVED DEVIATION DATA

Don Roskam
(SIGNATURE OF REGISTERED OWNER OR AUTHORIZED AGENT)
6-5-59
(DATE) Owner's Agent
(TITLE)

MC

U.S. DEPARTMENT OF COMMERCE
 CIVIL AERONAUTICS ADMINISTRATION

AIRCRAFT INSPECTION REPORT

(To be completed by a CAA representative or approved repair station)

The aircraft described in Item 3 on the reverse of this form has been inspected and found to conform to the following:
 (Check and complete applicable items)

1. AIRCRAFT AND ENGINE CERTIFICATION BASIS

- a. AIRCRAFT SPECIFICATION NO. 3A19 THROUGH SHEET REVISION NO. _____
- b. AIRCRAFT LISTING PAGE NO. _____
- c. AIRWORTHINESS DIRECTIVE SUMMARY _____ THROUGH CARD NO. _____
- d. CIVIL AIR REGULATION PART 8 (MODIFIED TYPE CERTIFICATE)

2. AIRCRAFT AND ENGINE OPERATING RECORDS

- a. AIRCRAFT NEW—NO PREVIOUS OPERATION OR MAINTENANCE HISTORY
- b. COMPLIANCE WITH APPLICABLE AIRWORTHINESS DIRECTIVES RECORDED
- c. AIRCRAFT RECORDS INDICATE THE AIRFRAME HAS BEEN OPERATED A TOTAL OF _____ HOURS
- d. ENGINE RECORDS INDICATE THE FOLLOWING OPERATION:
 SERIAL NO. _____ TOTAL HOURS _____
 SERIAL NO. _____ TOTAL HOURS _____
 SERIAL NO. _____ TOTAL HOURS _____
 SERIAL NO. _____ TOTAL HOURS _____

3. PREVIOUS INSPECTION RECORD (INSPECTION RECORDED ON FORM ACA-319)

- a. LAST AIRWORTHINESS INSPECTION CONDUCTED _____ (DATE)
 BY AIRCRAFT MANUFACTURER
 BY APPROVED REPAIR STATION, CERTIFICATE NO. _____
 BY MECHANIC, CERTIFICATE NO. _____
- b. PERIODIC AIRCRAFT INSPECTION REPORT, FORM ACA-319, WAS RETURNED TO OWNER

4. AIRWORTHINESS DOCUMENTS ISSUED OR REVIEWED

- a. OPERATION LIMITATIONS, FORM ACA-309, WAS ISSUED (COPY ATTACHED) CAR 3.777 (b) displayed in aircraft
- b. CURRENT OPERATION LIMITATIONS, FORM ACA-309, IS AVAILABLE IN AIRCRAFT
- c. CURRENT APPROVED AIRPLANE FLIGHT MANUAL IS AVAILABLE IN AIRCRAFT
- d. CURRENT WEIGHT AND BALANCE INFORMATION IS AVAILABLE IN AIRCRAFT
- e. THIS INSPECTION HAS BEEN RECORDED IN THE AIRCRAFT RECORDS
- f. CERTIFICATE OF AIRWORTHINESS, FORM ACA-1362, ISSUED TO EXPIRE Indefinite (DATE)
- g. PREVIOUS FORM ACA-1362 WAS ISSUED TO EXPIRE _____ (DATE)
 BY _____ (NAME OF ISSUING REPRESENTATIVE) (DESIGNATION NO.)

5. CAA APPROVED REPAIR STATION CERTIFICATION

The aircraft described on the reverse has been inspected under the authority accorded certificated repair station No. _____ by CAR 52 and was found to be:

- AIRWORTHY
- UNAIRWORTHY

[Signature] DMCR 3-1 (REPAIR STATION AUTHORIZED SIGNATURE) _____ (DATE)

6. CAA REPRESENTATIVE CERTIFICATION


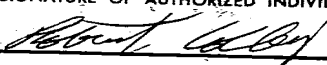
I HAVE INSPECTED THE AIRCRAFT DESCRIBED ON THE REVERSE AND FOUND IT AIRWORTHY UNAIRWORTHY
 (Check appropriate item)

DESIGNEE'S SIGNATURE By <i>[Signature]</i> AVIATION SAFETY AGENT'S SIGNATURE	DESIGNATION NO.	DATE 6-5-59
	CAA DESIGNATION NO.	DATE

- ACCEPTED
- REINSPECTED
- SPOT CHECKED



RB

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)				Form Approved Budget Bureau No. 04-R060.1 FOR FAA USE ONLY OFFICE IDENTIFICATION RM-GADO-5	
INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.					
1. AIRCRAFT		MAKE Cessna	MODEL 150	NATIONALITY AND REGISTRATION MARK N5962E	
		SERIAL NO. 17462	ADDRESS (As shown on registration certificate) Bigfork, Montana 5991b		
2. OWNER		NAME (As shown on registration certificate) Bolstad David N		ADDRESS (As shown on registration certificate) Bigfork, Montana 5991b	
3. FOR FAA USE ONLY					
4. UNIT IDENTIFICATION					
UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
AIRFRAME	***** (As described in item 1 above) *****			REPAIR	ALTERATION
POWERPLANT					X
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS		B. KIND OF AGENCY		C. CERTIFICATE NO.	
Robert Colby 610 Aero Lane Bigfork, Montana		<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC		A&P 1631358	
		FOREIGN CERTIFICATED MECHANIC			
		CERTIFICATED REPAIR STATION			
		MANUFACTURER			
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
DATE Aug. 17, 1977		SIGNATURE OF AUTHORIZED INDIVIDUAL 			
7. APPROVAL FOR RETURN TO SERVICE					
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION		CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION Aug. 17, 77		CERTIFICATE OR DESIGNATION NO. 1631358		SIGNATURE OF AUTHORIZED INDIVIDUAL 	

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Installed Lycoming O-320 E2A in accordance with AVCON Industries installation instructions (STC SA750CE)

ADDITIONAL SHEETS ARE ATTACHED

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DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION				Form Approved Budget Bureau No. 04-R060.1	
MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)				FOR FAA USE ONLY	
				OFFICE IDENTIFICATION	
INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.					
1. AIRCRAFT	MAKE <u>Cessna</u>		MODEL <u>150</u>		
	SERIAL NO. <u>17462</u>		NATIONALITY AND REGISTRATION MARK <u>N5962B</u>		
2. OWNER	NAME (As shown on registration certificate) <u>Bolstad David H</u>		ADDRESS (As shown on registration certificate) <u>Bigfork, Montana 59911</u>		
	3. FOR FAA USE ONLY				
4. UNIT IDENTIFICATION					
UNIT	MAKE	MODEL	SERIAL NO.	REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above)*****			X	
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS		B. KIND OF AGENCY		C. CERTIFICATE NO.	
<u>Robert Colby</u> <u>610 Aerb Lane</u> <u>Bigfork, Montana</u>		<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER		<u>A&P 1631358</u>	
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
DATE <u>Aug. 17, 1977</u>		SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Robert Colby</i>			
7. APPROVAL FOR RETURN TO SERVICE					
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION		CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION <u>Aug. 17, 1977</u>		CERTIFICATE OR DESIGNATION NO. <u>1631358</u>		SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Robert Colby</i>	

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Replaced the following Lt. wing and fuselage parts.

- 0453001-1 firewall assembly
- 0426400-3 spar assembly wing-rear LH
- 0523007-16 skin upper trailing edge sta. 21.375 to 84 LH
- 0426005-14 skin lower center sta. 22.125 to 84 LH
- 0523007-19 skin lower trailing edge sta. 21.375 to 84 LH
- 0523003-56 skin leading edge sta. 174 to 192 LH

All work done in accordance with AC 43 13 1A. section 3.

Repaired belly skin aft of firewall, in accordance with AC 43 13 1A. section 3 fig. 2-24 B.

Repaired leading edge skin on right horizontal stabilizer in accordance with AC 43 13 1A. section 3 fig. 2-24B

ADDITIONAL SHEETS ARE ATTACHED

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)				Form Approved Budget Bureau No. 04-R060.1 FOR FAA USE ONLY OFFICE IDENTIFICATION RM-GADO-5	
INSTRUCTIONS: Print or type all entries. See FAR 43.9; FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.					
1. AIRCRAFT	MAKE Cessna	MODEL I50			
	SERIAL NO. I7462	NATIONALITY AND REGISTRATION MARK N 5962E			
2. OWNER	NAME (As shown on registration certificate) David N Boistad			ADDRESS (As shown on registration certificate) Bigfork, Mont. 59911	
	3. FOR FAA USE ONLY				
4. UNIT IDENTIFICATION					
UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				X
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS			B. KIND OF AGENCY		C. CERTIFICATE NO.
Stockhill Aviation Inc 1893 Airport Rd. Kalispell, Mt. 59901			U.S. CERTIFICATED MECHANIC		3437
			FOREIGN CERTIFICATED MECHANIC		
			<input checked="" type="checkbox"/> CERTIFICATED REPAIR STATION		
			MANUFACTURER		
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
DATE 10-2-77			SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Neil P. Matik</i>		
7. APPROVAL FOR RETURN TO SERVICE					
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	INSPECTION AUTHORIZATION		OTHER (Specify)
	FAA DESIGNEE	<input checked="" type="checkbox"/> REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT		
DATE OF APPROVAL OR REJECTION 10-2-77		CERTIFICATE OR DESIGNATION NO. 3437		SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Neil P. Matik</i>	

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Replaced old Genave A280 radio with new Genave A 200B. Installed new mount in existing hole with rear brace added.

Radio was connected to aircraft buss with proper fuse.

All cableing was made up by installer.

Functional check out ok.

There was no neglable weight and bal~~x~~ance change.

ADDITIONAL SHEETS ARE ATTACHED

APD

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)		Form Approved Budget Bureau No. 04-R060.1 FOR FAA USE ONLY OFFICE IDENTIFICATION			
INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.					
1. AIRCRAFT		2. OWNER			
MAKE Cessna SERIAL NO. 17462		NAME (As shown on registration certificate) Bolstad David H			
MODEL 150 NATIONALITY AND REGISTRATION MARK N5962E		ADDRESS (As shown on registration certificate) 355 Ferndale Dr. Bigfork, Mt. 59911			
3. FOR FAA USE ONLY					
with applicable airworthiness requirements and is approved for the above described aircraft to be in conformity inspection by a person authorized in FAR 43.7 8-22-78 R. F. BRODOWY R.M.C. 100-5					
4. UNIT IDENTIFICATION					
UNIT		5. TYPE			
MAKE		REPAIR			
MODEL		ALTERATION			
SERIAL NO.					
AIRFRAME	***** (As described in item 1 above) *****		X		
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS		B. KIND OF AGENCY			
Poorman Aviation Robert Colby 610 Aero Lane Bigfork, Mt.		C. CERTIFICATE NO. A&P 1631358			
				<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC	
				<input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC	
				<input type="checkbox"/> CERTIFICATED REPAIR STATION	
		<input type="checkbox"/> MANUFACTURER			
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
DATE		SIGNATURE OF AUTHORIZED INDIVIDUAL			
Aug. 22, 1978		<i>Robert Colby</i>			
7. APPROVAL FOR RETURN TO SERVICE					
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/> INSPECTION AUTHORIZATION		
	FAA DESIGNEE	REPAIR STATION	OTHER (Specify)		
DATE OF APPROVAL OR REJECTION		CERTIFICATE OR DESIGNATION NO.	SIGNATURE OF AUTHORIZED INDIVIDUAL		
Aug. 22, 1978		1631358	<i>Robert Colby</i>		

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Installed seats and seat rails from a letter 150.
Installed similar to original installation with the
addition of U channels under seat rails.

Seats -- PN o414007-1
 o414007-2
Rails -- PN o410219-1
 o410219-2
U channels -- 1 1/2" X 1" 1/8" thick 6063

This alteration meets the criteria as set forth under FAR 23.301, 23.307,
23.561 and 23.785.

ADDITIONAL SHEETS ARE ATTACHED

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Form Approved
Budget Bureau No. 04-R060.1

MAJOR REPAIR AND ALTERATION
(Airframe, Powerplant, Propeller, or Appliance)

FOR FAA USE ONLY
OFFICE IDENTIFICATION
NW-GADO-5

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE CESSNA	MODEL 150
	SERIAL NO. 17462	NATIONALITY AND REGISTRATION MARK N5962E
2. OWNER	NAME (As shown on registration certificate) BFS INC.	ADDRESS (As shown on registration certificate) P.O. BOX 765 Bonners Ferry, Idaho 83805

3. FOR FAA USE ONLY

4. UNIT IDENTIFICATION

UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above)*****				X
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT

A. AGENCY'S NAME AND ADDRESS Les Barcklay Mead Airport Mead, Wash. 99021	B. KIND OF AGENCY	C. CERTIFICATE NO. A & P 539 32 9482
	<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC	
	<input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC	
	<input type="checkbox"/> CERTIFICATED REPAIR STATION MANUFACTURER	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

DATE 14 May 76	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Les Barcklay</i>
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7. APPROVAL FOR RETURN TO SERVICE

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is APPROVED REJECTED

BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/> INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION 5-10-76	CERTIFICATE OR DESIGNATION NO. 1637345	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Harold Morgan Jr</i>		

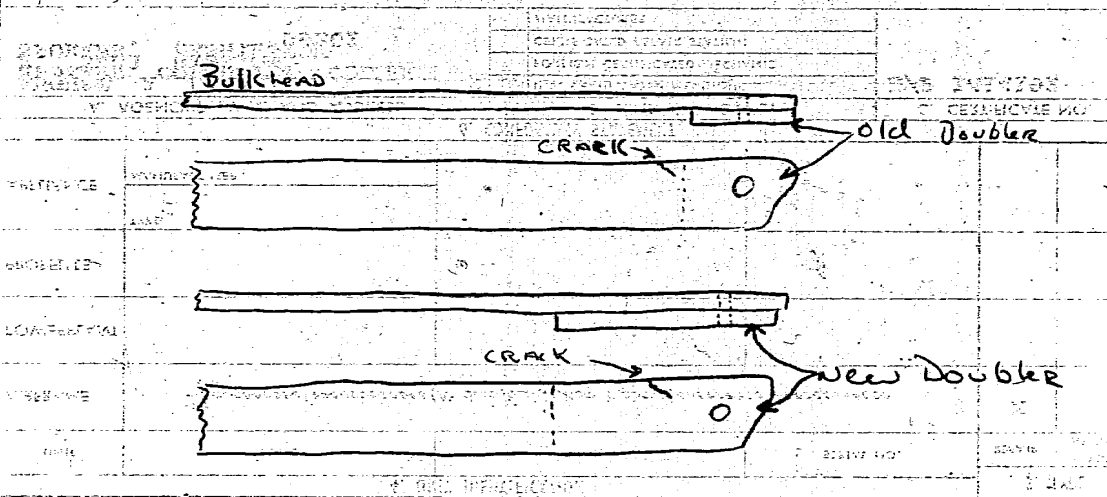
DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)		Form Approved Budget Bureau No. 04-R060.1 FOR FAA USE ONLY OFFICE IDENTIFICATION NW-GADO-5
INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.		
1. AIRCRAFT	MAKE CESSNA SERIAL NO. 17462	MODEL 150 NATIONALITY AND REGISTRATION MARK N5962E
2. OWNER	NAME (As shown on registration certificate) RICHARD E. McCULLOUGH	ADDRESS (As shown on registration certificate) W. 2324 EASTERN RD. SPOKANE WASHINGTON 99206
3. FOR FAA USE ONLY		
4. UNIT IDENTIFICATION		
UNIT	MAKE MODEL SERIAL NO.	5. TYPE
AIRFRAME	(As described in item 1 above)	REPAIR X ALTERATION
POWERPLANT		
PROPELLER		
APPLIANCE	TYPE	
	MANUFACTURER	
6. CONFORMITY STATEMENT		
A. AGENCY'S NAME AND ADDRESS		C. CERTIFICATE NO.
AUGUST A LAKE COMMUNITY COLLEGE SPOKANE, WASHINGTON 99202		N/P 1414102
B. KIND OF AGENCY		
<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER		
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.		
DATE	SIGNATURE OF AUTHORIZED INDIVIDUAL	
APRIL 21, 1975	<i>August C. Lake</i>	
7. APPROVAL FOR RETURN TO SERVICE		
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED		
BY	FAA FLT. STANDARDS INSPECTOR <input checked="" type="checkbox"/> MANUFACTURER <input type="checkbox"/> REPAIR STATION	INSPECTION AUTHORIZATION <input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER
	FAA DESIGNEE	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT
DATE OF APPROVAL OR REJECTION 21 APRIL 1975	CERTIFICATE OR DESIGNATION NO. 1414102	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>August C. Lake</i>

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

REPAIRED CRACK IN RIGHT HAND LOWER CABIN BULKHEAD BY REPLACING EXISTING DOUBLER ON INSIDE WITH ONE 5 INCHES LONGER TO REINFORCE AREA OF CRACK. EXISTING HOLES AND RIVET PATTERN USED. WORK DONE IN ACCORDANCE WITH 43.13.1



KID

WORK ORDER NO. **1100** DATE **6-21-85**

BY **WALTER BELVIS VAN WAGENINGEN**

FOR **WALTER BELVIS VAN WAGENINGEN**

APPROVED BY **WALTER BELVIS VAN WAGENINGEN**

REMARKS: **ADDITIONAL SHEETS ARE ATTACHED**

872
FEDERAL AVIATION AGENCY
MAJOR REPAIR AND ALTERATION
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved
Budget Bureau No. 04-R060.1
FOR FAA USE ONLY
OFFICE IDENTIFICATION
NW/CADD-4

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE CESSNA	MODEL 150
	SERIAL NO. 17462	NATIONALITY AND REGISTRATION MARK N5962E
2. OWNER	NAME (As shown on registration certificate) RICHARD E. MCGLOUGH	ADDRESS (As shown on registration certificate) ENDICOTT, WA. 99125
	3. FOR FAA USE ONLY	

4. UNIT IDENTIFICATION				5. TYPE	
UNIT	MAKE	MODEL	SERIAL NO.	REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				X
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT		
A. AGENCY'S NAME AND ADDRESS	B. KIND OF AGENCY	C. CERTIFICATE NO.
BJORNS AIRMOTIVE COMPANY	<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER	A&P. 178755Y

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

DATE: **8/10/73** SIGNATURE OF AUTHORIZED INDIVIDUAL: *[Signature]*

7. APPROVAL FOR RETURN TO SERVICE				
Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Agency and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED				
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/> INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION	CERTIFICATE OR DESIGNATION NO.	SIGNATURE OF AUTHORIZED INDIVIDUAL		
8/10/73	1A140755A	<i>[Signature]</i>		

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. - Identify with aircraft nationality and registration mark and date work completed.)

INSTALLED EBC102A ELT BEACON (TSO C91)
ON LEFT HAND DOOR STRUCTURE AND SECURED
WITH AN HARDWARE, IN ACC. W. MANUFACTURERS
DATA AND AC 43.13.2.
WT & BAL AND EQUIPM. LIST DATA UPDATED AND
AMENDED.

END

ADDITIONAL SHEETS ARE ATTACHED

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

MAJOR REPAIR AND ALTERATION
(Airframe, Powerplant, Propeller, or Appliance)

Form Approved
Budget Bureau No. 04-R060.1

FOR FAA USE ONLY

OFFICE IDENTIFICATION

NW 6-21-85

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE CESSNA 150	MODEL 150
	SERIAL NO. 17462	NATIONALITY AND REGISTRATION MARK N5962E
2. OWNER	NAME (As shown on registration certificate) RICHARD E. McCULLOUGH	ADDRESS (As shown on registration certificate) ENDICOTT WASH. 99125

3. FOR FAA USE ONLY

9 JUL 1973

4. UNIT IDENTIFICATION

UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				X
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT

A. AGENCY'S NAME AND ADDRESS SJOJNS AIRMOTIVE COMPANY B.K. INZIMARSSON R.T. 1 BOX 1116 TOLEDO WA. 98591	B. KIND OF AGENCY <input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER	C. CERTIFICATE NO. 1487554AP
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

DATE 7/5/73	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>B.K. Inzimarsson</i>
----------------	---------------------------------------------------------------

7. APPROVAL FOR RETURN TO SERVICE

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is APPROVED REJECTED

BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER <input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION 7/5/73	CERTIFICATE OR DESIGNATION NO. 1487554	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>B.K. Inzimarsson</i>		

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

INSTALLED GRIMES PART NO 309 STROBE LIGHT ON VERTICAL FIN. FAIRING WAS MODIFIED TO PROVIDE MOUNTING FOR LIGHT. POWER UNIT INSTALLED IN TAIL SECTION R.H. INSIDE SKIN. SWITCH INSTALLED IN PANEL AND SYSTEM CONNECTED TO UNUSED CIGARETTE LIGHTER FUSE.

ELECTRICAL LOAD ANALYSIS FOUND OK.

ALL WORK DONE IN ACC. W. AC43-13-2 AND GRIMES INSTALLATION DATA.

WT & BALANCE AND EQUIPMENT LIST UPDATED.

END.

6 300 1013

OWNER: [Handwritten Signature]

REGISTRATION NO: [Handwritten]

DATE: [Handwritten]

APPROVED BY: [Handwritten Signature]

DATE: [Handwritten]

U.S. GOVERNMENT PRINTING OFFICE: 1982 OF-272-085

ADDITIONAL SHEETS ARE ATTACHED

780 945

1. AIRCRAFT		MAKE	MODEL	SERIAL NO.	NATIONALITY AND REGISTRATION MARK
		CESSNA	150	17463	E59628
2. OWNER			ADDRESS (Street and number, city, zone and State)		
DONALD H. KRAME			Box 468 Sandpoint, Idaho.		
3. COMPLETE ONLY FOR UNIT REPAIRED AND/OR ALTERED. DESCRIBE WORK ACCOMPLISHED ON REVERSE IN ACCORDANCE WITH CIVIL AERONAUTICS MANUAL 18.					
UNIT	MAKE	MODEL	SERIAL NO.	NATURE OF WORK (Check)	
a. AIRFRAME				MAJOR REPAIR	MAJOR ALTERATION
b. POWERPLANT					
c. PROPELLER					
d. APPLIANCE					
4. AIRCRAFT WEIGHT AND BALANCE DATA *AFTER the repairs and/or alterations described below were made.					
CATEGORY	EMPTY WEIGHT (Pounds)*	EMPTY CENTER OF GRAVITY (Inches from datum)*		USEFUL LOAD (Pounds)*	
STA 82A02	1794.6	1 2 3 4		475.5	
5. CONFORMITY STATEMENT (Complete and check)					
a. AGENCY'S NAME AND ADDRESS			b. KIND OF AGENCY...		c. CERTIFICATE NO.
Wayne C. Laffler, Spokane Community College 23403 Mission Ave Spokane, Washington			<input checked="" type="checkbox"/> U. S. Certificated Mechanic. <input type="checkbox"/> Foreign Certificated Mechanic. <input type="checkbox"/> Certificated Repair Station. <input type="checkbox"/> Manufacturer. <input type="checkbox"/> (Check if repair or alteration was made under delegation option procedures.)		AP480858
I certify that the repair and/or alteration made to the unit(s) identified under item 3 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 18 of the U. S. Civil Air Regulations and that the information furnished herein is true and correct to the best of my knowledge.					
4/23/64 (Date repair and/or alteration completed)			[Signature] (Signature of authorized individual)		
6. APPROVAL FOR RETURN TO SERVICE (Check and complete appropriate items)					
Pursuant to the authority specified below the unit identified in item 3 was inspected in the manner prescribed by the Administrator of the Federal Aviation Agency and is					
3	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED	BY	<input type="checkbox"/> FAA Designee <input type="checkbox"/> FAA Flight Standards Inspector	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Repair Station	<input type="checkbox"/> Canadian Department of Transport Inspector of Aircraft <input checked="" type="checkbox"/> Other (Specify) AI 480858
4/23/64 (Date of approval or rejection)			[Signature] (Signature of authorized individual, title or identification number)		
7. TO BE COMPLETED ONLY BY FAA PERSONNEL					
<input type="checkbox"/> Forwarded for engineering comment <input type="checkbox"/> See attached memorandum					
<input checked="" type="checkbox"/> Accepted 4-21-64 (Date)		<input type="checkbox"/> Reinspected		28 MAY 8 - 1964 (Date)	
4-16 WE-GADO 16 (FAA designation number)		[Signature] (Signature Flight Standards Inspector)			

MICRO INSTRUCTIONS

This form must be completed in duplicate each time a major repair and/or alteration is made of an aircraft, airframe, power-plant, propeller or appliance. After the repair and/or alteration has been inspected and item 6 completed, the original copy of this form will be made available to the aircraft owner for retention as part of the aircraft records. The duplicate copy is retained by the FAA for administrative purposes.

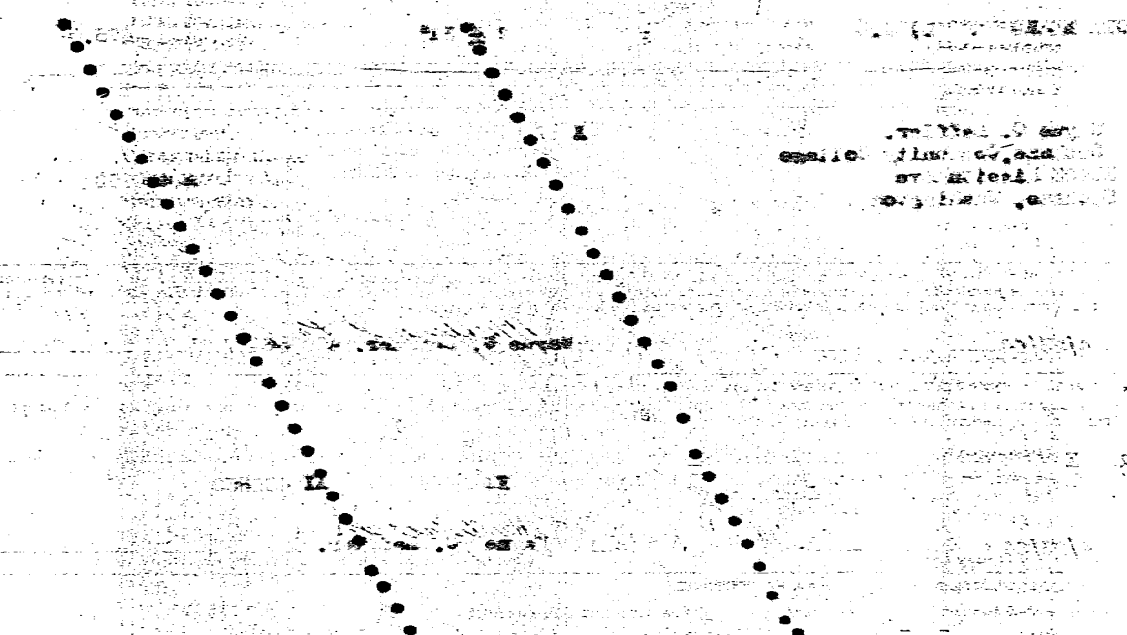
See CAM 18 for detailed instructions concerning the information to be furnished with this form and instructions concerning its preparation.

8. DESCRIPTION OF WORK ACCOMPLISHED.

Aircraft repaired after major damage by installation of the following parts.
Weight change negligible.

Fuselage: Firewall 0453114-1, Bulkhead Assembly 0411951-4, Floorboard 0411955-3, Engine mount assembly 0451114-1, Skin 0411134, skin 0411123-3, General bulkhead 0411956-3 Angle 0453107, Angle 0453107-1, Skin vertical fin 0431001-1A, Rudder tip 0430004-5
Right Wing: Reinforced rear spar as per fig 13-9 Cessna Service Manual dated June 1960, Replaced Skin 0523007-19, Skin 0426006-1A, ribs 0426607, 0523106, 0523108-3, 0523108-4, 0523110-2, 0523043-1, 0523512-5, 0523513-4, 0523514-4, 0523515-4, 0523232.
Left Wing: Reinforced front spar in accordance with fig. 13-9 Cessna single engine service manual dated June 1960. Replaced ribs, 0523108, 0523108-3, 0523108-4, 0523110-1, 0523512-5, 0523514-4 and skin ~~0411134~~ 0523007-19.
All work accomplished in accordance with Cessna Single Engine Service Manual and pertinent civil Air Regulations.

THE END.



*If additional space is needed attach additional sheets bearing aircraft nationality and registration mark and date work completed.
Check block if additional sheets are attached.

OFFICE MEMORANDUM

UNITED STATES GOVERNMENT
 FEDERAL AVIATION AGENCY

TO : Chief, Aircraft & Airman Records Branch, FS-870 Date: Dec. 12, 1961
 Medford
 FROM : Supervising Inspector, GSDO - ~~XXXXXXXX~~, Oregon
 SUBJECT: Request for Information - Active Aircraft and/or Airman

Latest Registration and Inspection Information on Following Aircraft:

(1) Make & Model	(2) Serial Number	(3) Registration Number	(4) Name and Address of Registered Owner	(5) Date of Last Approved Periodic Inspection & Name & Number of Insp.
Cessna 150	17462	N5962E	Skyways School of Aviation, Inc. Portland-Troutdale Airport Troutdale, Oregon <i>Oct 9, 1959</i>	6-27-61 Kenneth F. Mahle R.S. 4110

Comments:

Information Indicated Below Concerning the Following Airman:

(1) Name & Address	(2) DOB	(3) Certificate Title, Number, & Ratings	(4) Issued	(5) Expires
Esther Althea Adams 1011 S. E. 223rd Ave. Gresham, Oregon	7-11-20	Private Pilot certificate number 1497721 with ASEL rating issued	4-12-61	- - -

Comments:

Believed involved in violation.

VNOwen:vno;FS-873, Ext. 58, 12/19/61

A. Wright

for C. A. Martineau

General Operations Inspector, WE-GADO-22

12/20/61

OFFICE MEMORANDUM

UNITED STATES GOVERNMENT
 FEDERAL AVIATION AGENCY

TO : Chief, Aircraft & Airman Records Branch, FS-870 Date: Nov. 27, 1961
 FROM : Supervising Inspector, GSDO ~~Portland, Oregon~~
 SUBJECT: Request for Information - Active Aircraft and/or Airman

Latest Registration and Inspection Information on Following Aircraft:

(1) Make & Model	(2) Serial Number	(3) Registration Number	(4) Name and Address of Registered Owner	(5) Date of Last Approved Periodic Inspection & Name & Number of Insp.
Boeingcraft, Model C-188	6238	N7374C	March 21, 1961 Edward A. Brancic or Robert J. Forbet, Orange County Air-Port, Santa Ana, Calif.	5-23-61 by Robert J. Forbet AP 114150
Piper PA-23	23-1136	N3198P	M. Bangs d/b/a 2 Boys In-H-Out 813 Vista, Boise, Idaho	4-8-61 K. R. Foote AP 114150
Cessna 150	17462	N15962E	*Reg. 11-9-59, to Skyways School of Aviatca, Inc., Portland-Frontdale Airport, Troutdale, Oregon.	*5-27-61 by Kenneth F. Hable R.S. 4110

Comments:

Information Indicated Below Concerning the Following Airman:

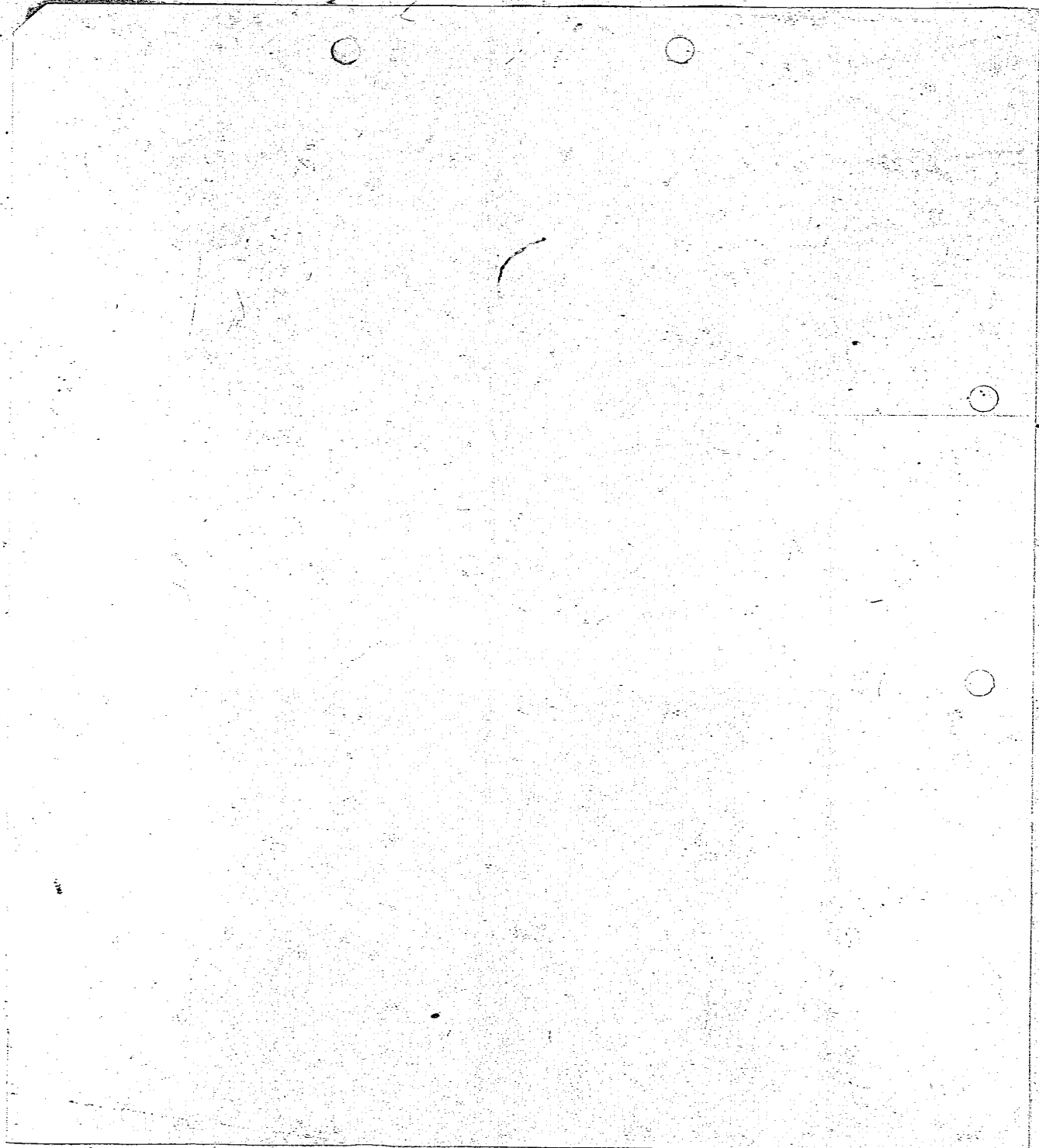
(1) Name & Address	(2) DOB	(3) Certificate Title, Number, & Ratings	(4) Issued	(5) Expires

Comments:

12-1-61
 Urban E. Klautsch
 Acting Supervising Inspector

FAA AIRCRAFT REGISTRY
CAMERA NO. 5

DATE: 6-27-85



U. S. DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION

Form approved
Budget Bureau No. 41-R052.4

MAJOR REPAIR AND ALTERATION FORM (AIRFRAME, POWERPLANT, PROPELLER OR APPLIANCE)

1. AIRCRAFT	MAKE Cessna	MODEL 150	SERIAL NO. 17452	NATIONALITY AND REGISTRATION MARK N5962E
2. OWNER	NAME (First, middle, last) Skyways School of Aviation		ADDRESS (Street and number, city, zone and State) Portland-Troutdale Airport Troutdale, Oregon	

3. COMPLETE ONLY FOR UNIT REPAIRED AND/OR ALTERED. DESCRIBE WORK ACCOMPLISHED ON REVERSE IN ACCORDANCE WITH CIVIL AERONAUTICS MANUAL 18.

UNIT	MAKE	MODEL	SERIAL NO.	NATURE OF WORK (Check)	
				MAJOR REPAIR	MAJOR ALTERATION
a. AIRFRAME	***** (As described in item 1 above) *****				X
b. POWERPLANT	The alteration identified herein complies with applicable airworthiness requirements and is approved only for the above described aircraft subject to conformity inspection by a person authorized in CAR 18.11 (b).				
c. PROPELLER					
d. APPLIANCE	TYPE AND MANUFACTURER	Date <u>7-16-59</u> Inspection <u>Keith M. Bancroft</u>			

AIRCRAFT WEIGHT AND BALANCE DATA
AFTER the repairs and/or alterations described below were made.
This item must be completed by repair or alteration agency. However, in the case of a spare component, it will not be completed until such component is installed in an aircraft. At this time, it will be completed by the installing agency, if applicable.

CATEGORY	EMPTY WEIGHT (Pounds)*	EMPTY CENTER OF GRAVITY (inches from datum)*	USEFUL LOAD (Pounds)*
Standard	1024.5	+ 31.0	475.5

5. CONFORMITY STATEMENT (Complete and check)

a. AGENCY'S NAME AND ADDRESS Skyways Inc. PORTLAND-TROUTDALE AIRPORT TROUTDALE, OREGON	b. KIND OF AGENCY <input type="checkbox"/> U. S. Certificated Mechanic. <input type="checkbox"/> Foreign Certificated Mechanic. <input checked="" type="checkbox"/> Certificated Repair Station. <input type="checkbox"/> Manufacturer. <input type="checkbox"/> (Check if repair or alteration was made under delegation option procedures.)	c. CERTIFICATE NO. R. S. 4110. Airframe - Class 1, Class 3 Powerplant - Class 1 Propeller - Class 1 & Limited Radio - Class 1 & Class 2 Limited Accessory Limited Instrument
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I certify that the repair and/or alteration made to the unit(s) identified under item 3 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 18 of the U. S. Civil Air Regulations and that the information furnished herein is true and correct to the best of my knowledge.

7-16-59
(Date repair and/or alteration completed)

Walter D. Vornum
(Signature of authorized individual)

6. APPROVAL FOR RETURN TO SERVICE (Check and complete appropriate items)

Pursuant to the authority specified below the unit identified in item 3 was inspected in the manner prescribed by the Administrator and is

APPROVED } BY { CAA Designee Manufacturer Canadian Department of Transport Inspector of Aircraft
 REJECTED } CAA Aviation Safety Agent Repair Station Other (Specify)

7-16-59
(Date of approval or rejection)

W. J. Hoffman
(Signature of authorized individual; title or identification number) **DMR**

7. TO BE COMPLETED ONLY BY CAA PERSONNEL

a. Forwarded for engineering comment See attached memorandum

b. Accepted 7-16-59 Reinspected _____ Spot Checked _____
(Date) (Date) (Date)

Reg. 4 LA
ASDO 4
(CAA designation number)

Keith M. Bancroft
(Signature Aviation Safety Agent)

INSTRUCTIONS

This form must be completed in duplicate each time a major repair and/or alteration is made of an aircraft, airframe, powerplant, propeller or appliance. After the repair and/or alteration has been inspected and item 6 completed, the original copy of this form will be made available to the aircraft owner for retention as part of the aircraft records. The duplicate copy is retained by the CAA for administrative purposes.

See CAM 18 for detailed instructions concerning the information to be furnished with this form and instructions concerning its preparation.

8. DESCRIPTION OF WORK ACCOMPLISHED: Installed Narco VTR-1 Omigator as per Narco drawings and instructions. Tuner unit installed in panel and power supply installed on firewall. Installed Vacuum and Gyro system, Electric Turn and Bank, Rate of Climb, Sensitive Altimeter, Clock, Outside Air Temperature Gauge, Sun Visors, and Landing Light Kit, per Cessna factory standard methods. Continuous electrical load checked and found not to exceed 80% of rated generator output.

ITEM	WEIGHT & BALANCE REPORT		
	WEIGHT	ARM	-MOMENT /
AIRPLANE	983.5	32.0	31472.0
Narco VTR-1 Omigator	9.	14.	126.
Narco V-12MP-2 Power Pack	8.5	3.	25.5
Vacuum Pump	4.	- 26.	- 104.
Vacuum System (plumbing)	3.	- 3.	- 9.
Horizon Gyro	4.5	16.5	74.
Directional Gyro	4.	17.5	70.
Electric Turn & Bank	2.	16.	32.
Rate of Climb	1.	17.	17.
Outside Air Temp. Gauge	0.0	14.	0.0
Sens. Alt. Wt. Inc.	.5	17.	8.5
Sun Visors	2.	27.	54.
Landing Light Kit	2.5	24.5	61.25

1024.5

31827.50

$$\frac{31827.5}{1024.5} = + 31.0 \text{ New E. C. G.}$$

	Most Forward C. G.			Most Rearward C. G.		
	Weight	Arm	Moment	Weight	Arm	Moment
Airplane Empty						
Pilot						
Passengers						
Baggage						
Fuel						
Oil						
Auxiliary Fuel						
TOTAL						
C. G. LOCATION						

APPROVED C. G. LIMITS

C. G. Range (+ 33.4) to (+ 36.0) Maximum Wt. 1500.

NEW INDEX -- 31.8

Changed on Cessna Weight Sheet

*If additional space is needed attach additional sheets bearing aircraft nationality and registration mark and date work completed.

Check block if additional sheets are attached.