

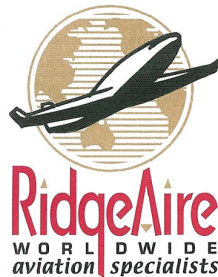
# N945LF

## 2021 Citation M2

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# FAA Certificates

**MSN: 525-1076**



*Prepared by the worldwide aviation specialists at RidgeAire, Inc.*

| UNITED STATES OF AMERICA<br>DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION<br><b>STANDARD AIRWORTHINESS CERTIFICATE</b>  |   |  |                      |
|--|---|--|----------------------|
| 1 NATIONALITY AND<br>REGISTRATION MARKS<br>N945LF  | 2 MANUFACTURER AND MODEL<br>TEXTRON AVIATION INC 525                                | 3 AIRCRAFT SERIAL NUMBER<br>525-1076       | 4 CATEGORY<br>Normal |
| 5 AUTHORITY AND BASIS FOR ISSUANCE<br>This airworthiness certificate is issued pursuant to 49 U.S.C. § 44704 and certifies that, as of the date of issuance, this aircraft has been inspected and found to conform to its type certificate and be in condition for safe operation. This aircraft meets the requirements of the applicable airworthiness standards in Annex 8 to the Convention on International Civil Aviation, except as follows:<br><br>None |   |  |                      |
| 6 TERMS AND CONDITIONS<br>Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the FAA, this airworthiness certificate is effective as long as maintenance, preventative maintenance, and alterations are performed per the applicable Federal Aviation Regulations and the aircraft is registered in the United States.   |   |  |                      |
| DATE OF ISSUANCE<br>17/Mar/2021  | FAA REPRESENTATIVE<br>//Signed by//Michelle LaRhee Gillman,02:19 PM, March 17, 2021 | DESIGNATION<br>NUMBER<br>ODA-100129-<br>CE |                      |
| Any alteration, misuse, or reproduction of this certificate for a fraudulent purpose may be punishable by certificate revocation, fine, and / or imprisonment.<br>THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT PER THE APPLICABLE FEDERAL AVIATION REGULATIONS.  |   |  |                      |
| FAA Form 8100-2 (9-2019) Previous Edition May be Used Until Depleted   |   |  |                      |

|   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|---|--|---|----------------------------------|-------------------------------------|---|--|-----------------------------|---|--------|--|------------------------------------|------------------------------------|-----------------------------------|----------------------------------|--------------------------------|--------------------------|---|---|--|--|--|--|--|--|--|--|
| <b>APPLICATION FOR<br/>U.S. AIRWORTHINESS<br/>CERTIFICATE</b>   |   | <b>INSTRUCTIONS</b> - Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use attachment. For special flight permits complete sections II, VI, and VII as applicable. |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <b>I. AIRCRAFT DESCRIPTION</b>  | 1. REGISTRATION MARKS<br>N945LF   |   | 2. AIRCRAFT BUILDER'S NAME (Make)<br>TEXTRON AVIATION INC               |   | 3. AIRCRAFT MODEL DESIGNATION<br>525  |  | 4. YR. MFG<br>2021  |  | FAA CODING  |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 5. AIRCRAFT SERIAL NO.<br>525-1076  |   | 6. ENGINE BUILDER'S NAME (Make)<br>Williams International               |   | 7. ENGINE MODEL DESIGNATION<br>FJ44-1AP   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 8. NUMBER OF ENGINES<br>2   |   | 9. PROPELLER BUILDER'S NAME (Make)<br>N/A                               |   | 10. PROPELLER MODEL DESIGNATION<br>N/A  |  | 11. AIRCRAFT IS IMPORT (Check if applicable)<br><input type="checkbox"/> IMPORT |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| APPLICATION IS HEREBY MADE FOR (Check applicable items)   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width:100%;"> <tr> <td style="width: 20px;">A</td> <td style="width: 20px;"><input checked="" type="checkbox"/></td> <td colspan="2">STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)</td> <td style="width: 20px;"><input checked="" type="checkbox"/></td> <td>NORMAL</td> <td><input type="checkbox"/> UTILITY</td> <td><input type="checkbox"/> ACROBATIC</td> <td><input type="checkbox"/> TRANSPORT</td> <td><input type="checkbox"/> COMMUTER</td> <td><input type="checkbox"/> BALLOON</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr> <td>B</td> <td><input type="checkbox"/></td> <td colspan="9">SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)</td> </tr> </table>  |   |   |   |   |   |  |   |  |   |                                  | A                                   | <input checked="" type="checkbox"/>           | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)   |                             | <input checked="" type="checkbox"/>   | NORMAL | <input type="checkbox"/> UTILITY   | <input type="checkbox"/> ACROBATIC | <input type="checkbox"/> TRANSPORT | <input type="checkbox"/> COMMUTER | <input type="checkbox"/> BALLOON | <input type="checkbox"/> OTHER | B                        | <input type="checkbox"/>                      | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items) |  |  |  |  |  |  |  |  |
| A   | <input checked="" type="checkbox"/>   | STANDARD AIRWORTHINESS CERTIFICATE (Indicate category)  |   | <input checked="" type="checkbox"/>   | NORMAL  | <input type="checkbox"/> UTILITY   | <input type="checkbox"/> ACROBATIC  | <input type="checkbox"/> TRANSPORT           | <input type="checkbox"/> COMMUTER   | <input type="checkbox"/> BALLOON | <input type="checkbox"/> OTHER      |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| B   | <input type="checkbox"/>  | SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <b>II. CERTIFICATION REQUESTED</b>  | 7. PRIMARY  |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 9. LIGHT-SPORT (indicate Class)   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 2. LIMITED  |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 5. PROVISIONAL (Indicate Class)   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 3. RESTRICTED (Indicate operation(s) to be conducted)   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 4. EXPERIMENTAL (Indicate operation(s) to be conducted)   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | 8. SPECIAL FLIGHT PERMIT (Indicate operation to be conducted, then complete Section VI or VII as applicable on reverse side)  |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | C. 6. MULTIPLE AIRWORTHINESS CERTIFICATE (Check ABOVE "Restricted Operation" and "Standard" or "Limited" as applicable)   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | <b>III. OWNER'S CERTIFICATION</b>   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
|   | A. REGISTERED OWNER (As shown on certificate of aircraft registration) <span style="float: right;">IF DEALER, CHECK HERE <input checked="" type="checkbox"/></span> |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| NAME<br>TEXTRON AVIATION INC  |   |   |   |   |   | ADDRESS<br>1 CESSNA BLVD, WICHITA, Kansas, 67215-1400, United States   |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width:100%;"> <tr> <td style="width: 20px;"><input checked="" type="checkbox"/></td> <td style="width: 20px;"><input checked="" type="checkbox"/></td> <td colspan="4">AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br/>A1WI REV-29</td> <td colspan="5">AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br/>2021-06</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="4">AIRCRAFT LISTING (Give page number(s))<br/>N/A</td> <td colspan="5">SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)</td> </tr> </table> |   |   |   |   |   |  |   |  |   |                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>A1WI REV-29 |                             |   |        | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2021-06 |                                    |                                    |                                   |                                  | <input type="checkbox"/>       | <input type="checkbox"/> | AIRCRAFT LISTING (Give page number(s))<br>N/A |   |  |  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) |  |  |  |  |  |
| <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/>   | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATE DATA SHEET (Give No. and Revision No.)<br>A1WI REV-29  |   |   |   | AIRWORTHINESS DIRECTIVES (Check if all applicable ADs are complied with and give the number of the last AD SUPPLEMENT available in the biweekly series as of the date of application)<br>2021-06 |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | AIRCRAFT LISTING (Give page number(s))<br>N/A   |   |   |   | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)   |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <table border="0" style="width:100%;"> <tr> <td style="width: 20px;"><input checked="" type="checkbox"/></td> <td style="width: 20px;"><input type="checkbox"/></td> <td>CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR 91.417</td> <td>TOTAL AIRFRAME HOURS<br/>6.2</td> <td colspan="7">3. EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed)</td> </tr> </table>   |   |   |   |   |   |  |   |  |   |                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>                      | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR 91.417  | TOTAL AIRFRAME HOURS<br>6.2 | 3. EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>  | CHECK IF RECORDS IN COMPLIANCE WITH 14 CFR 91.417   | TOTAL AIRFRAME HOURS<br>6.2   | 3. EXPERIMENTAL ONLY (Enter hours flown since last certificate issued or renewed) |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| D. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above, that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 et seq. and applicable Federal Aviation Regulations, and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.  |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| DATE OF APPLICATION<br>Mar 17, 2021   |   |   | NAME AND TITLE (Print or type)<br>Evans, Robert R. (Quality Technician) |   |   |  | SIGNATURE<br>//Signed by//Robert R.Evans,02:14 PM, March 17, 2021               |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <b>IV. INSPECTION AGENCY VERIFICATION</b>   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete this section only if 14 CFR 21.183(d) applies)   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| 2.  |   | 14 CFR part 121 CERTIFICATE HOLDER (Give No.)   |   |   | 3.  |  |   | CERTIFICATED MECHANIC (Give Certificate No.) |   | 6.                               |                                     | CERTIFICATED REPAIR STATION (Certificate No.) |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| 5.  |   | AIRCRAFT MANUFACTURER (Give name)   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| DATE  |   |   | TITLE   |   |   |  | SIGNATURE   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| <b>V. FAA REPRESENTATIVE CERTIFICATION</b>  |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| (Check ALL applicable block items A and B)  |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| A. I find that the aircraft described in Section I or VII meets requirements for <input checked="" type="checkbox"/> THE CERTIFICATE REQUESTED <input type="checkbox"/> AMENDMENT OR MODIFICATION OF CURRENT AIRWORTHINESS CERTIFICATE  |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| B. Inspection for a special flight permit under Section VII was conducted by:   |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| DATE<br>Mar 17, 2021  |   |   | MIDO/FSDO OFFICE<br>AIR-885   |   | 4. FAA INSPECTOR'S SIGNATURE or DESIGNEE'S SIGNATURE AND NO. Michelle LaRhee Gillman (ODA-100129-CE)<br>//Signed by//Michelle LaRhee Gillman,02:22 PM, March 17, 2021 |  |   |  | 1. FAA INSPECTOR'S CERTIFICATION FILE REVIEW SIGNATURE<br>STUART CHARLES MCDOWELL |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |
| Digitally signed by STUART CHARLES MCDOWELL<br>Date: 2021.03.30 07:06:57 -05'00'  |   |   |   |   |   |  |   |  |   |                                  |                                     |   |  |                             |   |        |  |                                    |                                    |                                   |                                  |                                |                          |   |   |  |  |  |  |  |  |  |  |

|  |  |  |                                     |  |
|--|--|--|-------------------------------------|--|
| <b>VI. PRODUCTION FLIGHT TESTING</b>   | A. MANUFACTURER  |  |                                     |  |
|  | NAME   | ADDRESS  |                                     |  |
|  | B. PRODUCTION BASIS <i>(Check applicable item)</i>                                   |  |                                     |  |
|  | <input type="checkbox"/>   | PRODUCTION CERTIFICATE <i>(Give production certificate number)</i>                           |                                     |  |
|  | <input type="checkbox"/>   | TYPE CERTIFICATE   |                                     |  |
| <input type="checkbox"/>   | OTHER  |  |                                     |  |
| C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS  |  |  |                                     |  |
| DATE   | NAME AND TITLE <i>(Print or type)</i>  | SIGNATURE  |                                     |  |
| <b>VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST</b>   | A. DESCRIPTION OF AIRCRAFT   |  |                                     |  |
|  | REGISTERED OWNER   | ADDRESS  |                                     |  |
|  | BUILDER (Make)   | MODEL  |                                     |  |
|  | SERIAL NUMBER  | REGISTRATION MARK  |                                     |  |
|  | B. DESCRIPTION OF FLIGHT   |  |                                     |  |
|  | CUSTOMER DEMONSTRATION FLIGHTS <input type="checkbox"/> <i>(Check if applicable)</i> |  |                                     |  |
|  | FROM   | TO   |                                     |  |
|  | VIA  | DEPARTURE DATE   | DURATION                            |  |
|  | C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT                           |  |                                     |  |
|  | <input type="checkbox"/>   | PILOT  | <input type="checkbox"/>            |  |
|  | <input type="checkbox"/>   | COPILOT  | <input type="checkbox"/>            |  |
|  | <input type="checkbox"/>   | FLIGHT ENGINEER  | <input type="checkbox"/>            |  |
|  | <input type="checkbox"/>   | OTHER <i>(Specify)</i>   |                                     |  |
|  | D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:  |  |                                     |  |
|  |  |  |                                     |  |
| E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION <i>(Use attachment if necessary)</i>   |  |  |                                     |  |
|  |  |  |                                     |  |
| F. CERTIFICATION - I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Title 49 of the United States Code 44101 <u>et seq.</u> and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is safe for the flight described. |  |  |                                     |  |
| DATE   | NAME AND TITLE <i>(Print or type)</i>  | SIGNATURE  |                                     |  |
| <b>VIII. AIRWORTHINESS DOCUMENTATION<br/>(FAA/DESIGNEE USE ONLY)</b>   | <input checked="" type="checkbox"/>  | A. Operating Limitations and Markings in Compliance with 14 CFR Section 91.9, as applicable. | <input type="checkbox"/>            | G. Statement of Conformity, FAA Form 8130-9 <i>(Attach when required)</i>  |
|  | <input type="checkbox"/>   | B. Current Operating Limitations Attached  | <input type="checkbox"/>            | H. Foreign Airworthiness Certification for Import Aircraft <i>(Attach when required)</i>                                     |
|  | <input type="checkbox"/>   | C. Data, Drawings, Photographs, etc. <i>(Attach when required)</i>                           | <input type="checkbox"/>            | I. Previous Airworthiness Certificate Issued in Accordance With<br>14 CFR Section _____ CAR _____ <i>(Original attached)</i> |
|  | <input checked="" type="checkbox"/>  | D. Current Weight and Balance information Available in Aircraft                              | <input checked="" type="checkbox"/> | J. Current Airworthiness Certificate Issued in Accordance With<br>14 CFR Section <u>21.183(a)</u> <i>(Copy attached)</i>     |
|  | <input type="checkbox"/>   | E. Major Repair and Alteration, FAA Form 337 <i>(Attach when required)</i>                   | <input type="checkbox"/>            | K. Light-Sport Aircraft Statement of Compliance, FAA form 8130-15 <i>(Attach copy when required)</i>                         |
|  | <input checked="" type="checkbox"/>  | F. This Inspection Recorded in Aircraft Records  | <input type="checkbox"/>            |  |

| Conformity Inspection Record   |   |  | 1. Project Number, TIA/Request Date:<br>PA0004CE-D,                        |                             | 2. SHEET of Sheets<br>1 1      |  |
|--|---|--|--|-----------------------------|--------------------------------|--|
| 3. Applicant/Manufacturer:<br>Textron Aviation Inc.                                      |   |  | 4. Beginning Date:<br>17 MAR 2021  |                             | 5. Ending Date:<br>17 MAR 2021 |  |
| 6. Make, Model, N-number, Serial Number:<br>Textron Aviation Inc., 525, 525-1076, N945LF |   |  | 7. Inspected By:<br>Michelle Gillman <i>Michelle Gillman</i> ODA-100129-CE |                             |                                |  |
| 8. Item No.  | 9. Nomenclature of Item Inspected                                     | 10. Drawing, Document, Specification, etc. | 11. Revision and Date  | 12. No. of Items Determined |                                | 13. Comments   |
|  |   |  |  | SAT.                        | UNSAT.                         |  |
| 1  | Review Application.   | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Reviewed application.  |
| 2  | Review Registration and Airworthiness Record on File at the Registry. | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Reviewed registration and airworthiness records on file at the registry.   |
| 3  | Identify Potential Safety Hazards.                                    | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Identified potential safety hazards.   |
| 4  | Review Aircraft Records.  | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Reviewed aircraft records.   |
| 5  | Inspect Aircraft.   | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Inspected aircraft.  |
| 6  | Document Reviews and Inspections.                                     | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Documented reviews and inspections. Any unsatisfactory findings were corrected prior to issuance of airworthiness certificate. |
| 7  | Issue Airworthiness Certificate.                                      | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Issued airworthiness certificate.  |
| 8  | Review Records to be Forwarded to the Registry.                       | 8130.2                                     | J, 7/21/2017   | 1                           |                                | Reviewed all records to be forwarded to the registry by ODA administration.  |
|  |   |  |  |                             |                                |  |