



US Department of Transportation
Federal Aviation Administration

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

OMB No. 2120-0020
Exp: 5/31/2018

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 N359RX | Serial No. 31-8012030 | |
| | Make Piper | Model PA-31-325 | Series |
| 2. Owner | Name (As shown on registration certificate) Axis Geoaviation LLC | | |
| | Address (As shown on registration certificate) Address 101 Bay St. | | |
| | City Easton | State MD | |
| | Zip 21601 | Country USA | |

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 | <u>Piper</u> | <i>(As described in Item 1 above)</i> | <u>31-8012030</u> |
| <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 Jay D. Hoogstra | | | <input checked="" type="checkbox"/> | U. S. Certificated Mechanic | Manufacturer |
| Address N6133 Resource Dr. | | | <input type="checkbox"/> | Foreign Certificated Mechanic | 3671902 |
| City Sheboygan Falls | State WI | | <input type="checkbox"/> | Certificated Repair Station | |
| Zip 53085 | Country USA | | <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 <div style="text-align: center;"><i>Jay D. Hoogstra</i> 2/3/2017</div> |
|--|--|

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"/> | |
| | | | Other (Specify) | |

| | |
|---|--|
| Certificate or Designation No. 3671902 | Signature/Date of Authorized Individual <div style="text-align: center;"><i>Jay A. Hoogstra</i> 2/3/2017</div> |
|---|--|

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.)

N359RX

2/3/2017

Nationality and Registration Mark

Date

1. Installed dual camera ports in accordance with A. D. Howard Master Drawing List (MDL) 61400.
2. Installed per Jay D. Hoogstra STC SA1010NW.
3. Cabin placard installed, Supplement added to POH, equipment list revised
4. Aircraft weighted and new EW and CG computed.
5. No special consideration must be given to continued airworthiness of this alteration.

Additional Sheets Are Attached