

Discrepancies Noted:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input checked="" type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input checked="" type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input checked="" type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input checked="" type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input checked="" type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS TBK

Corrective Action: ITEMS REPLACED OR REPAIRED

- | | | | |
|---------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> | <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> | <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> | <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> 4 SLIP JOINT |
| <input type="checkbox"/> | <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input checked="" type="checkbox"/> 4 ELBOW |
| <input type="checkbox"/> | <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS [REDACTED]

Material Type

Approved Data

- 347 SS FILLER ROD
- 321 SS
- 4130 CHROMALLY
- 4130 ROD
- INCONEL
- INCONEL ROD
- _____
- _____

- 43.13-1B
- MANUFACTURER'S MANUAL
- AIR CARRIER'S MANUAL
- _____

AEROSPACE WELDING MINNEAPOLIS, INC.

1045 Gemini Road, Eagan, MN 55121 651-379-9888

102308

FAA Repair Station [REDACTED]

Form 100

NAME WIN AIR/B2W CORPORATION		S/N A/W N/A	Job: 24448
ADDRESS [REDACTED]		CITY WINONA MN 55987	Preliminary Date 1/12/2007 Hidden Damage Date 1/15/2007 In Progress Date 1/16/2007 Final Date 1/17/2007
Make & Model MOONEY M-20 180 S	Part Number 630060-501		
Unit Description SEE BELOW			
Registration No.			

CUSTOMER SERVICES REQUESTED

DESCRIPTION: MOONEY M-20 180 SLIP RIB - 180 SLIP RIB MUFFLER

<input checked="" type="checkbox"/> REPAIRS	<input checked="" type="checkbox"/> BELL	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> A.D. NOTES	<input type="checkbox"/> DIE PENETRANT	<input type="checkbox"/> CORROSION PROTECT NEW TUBE	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> PRESSURE TEST	<input type="checkbox"/> DEMAGNETIZE	<input type="checkbox"/> PRIMER COAT	<input type="checkbox"/> _____

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY

DATE 1/17/2007

1. Approving Civil Aviation Authority/Country FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: 102308	
4. Organization Name and Address: Aerospace Welding Minneapolis, Inc. 1045 Gemini Road Eagan MN 55121 [REDACTED]					5. Work Order/Contract/Invoice Number 102308		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:		
1	MUFFLER	630060-501	1 each	102308	OVERHAULED		
12. Remarks: REF: WORK ORDER #102308.							
Aerospace Welding Minneapolis, Inc. certifies that the work specified in block 12/13 was carried out in accordance with EASA part 145 and in respect to that work, the component is considered ready for release to service under EASA part 145 Approval Number:EASA. 1456155. This form covers certification of the part identified in block 7/8 only and any additional EAS630060-501A requirements are the responsibility of the installer.							
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.				
13b. Authorized Signature:		13c. Approval/Authorization No.:	14b. Authorized Signature:		14c. Approval/Certificate No.:		
13d. Name (Typed or Printed):		13e. Date (dd/mmm/yyyy):	14d. Name (Typed or Printed): Tom Knaresboro		14e. Date (dd/mmm/yyyy): 17 Jan 2007		
User/Installer Responsibilities							
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.							
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.							
Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.							

Discrepancies Noted:

- | | | |
|--|---|--|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINNS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input checked="" type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Corrective Action: ITEMS REPLACED OR REPAIRED

- | | | |
|--|--|--|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINNS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Material Type

- 347 SS FILLER ROD
- 321 SS
- 4130 CHROMALLY
- 4130 ROD
- INCONEL
- INCONEL ROD
- _____
- _____

Approved Data

- 43.13-1B
- MANUFACTURER'S MANUAL
- AIR CARRIER'S MANUAL
- _____

AEROSPACE WELDING MINNEAPOLIS, INC.

1045 Gemini Road, Eagan, MN 55121 651-379-9888

102309

FAA Repair Station # _____

Form 100

NAME WIN AIR/B2W CORPORATION		S/N AWI N/A	Job: 24448
ADDRESS _____		CITY WINONA MN 55987	INSPECTION Preliminary Date 1/12/2007 Hidden Damage Date 1/15/2007 In Progress Date 1/16/2007 Final Date 1/17/2007
Make & Model MOONEY M-20 180 S	Part Number 630065-509		
Unit Description SEE BELOW			
Registration No.			

CUSTOMER SERVICES REQUESTED

DESCRIPTION: MOONEY M-20 180 SLIP RIB - RF RISER

<input checked="" type="checkbox"/> REPAIRS	<input checked="" type="checkbox"/> BOLT FLANGE	<input checked="" type="checkbox"/> ELBOW	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> A.D. NOTES	<input type="checkbox"/> DIE PENETRANT	<input type="checkbox"/> CORROSION PROTECT NEW TUBE	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> PRESSURE TEST	<input type="checkbox"/> DEMAGNETIZE	<input type="checkbox"/> PRIMER COAT	<input type="checkbox"/> _____

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY _____

DATE 1/17/2007

1. Approving Civil Aviation Authority/Country FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: 102309	
4. Organization Name and Address: Aerospace Welding Minneapolis, Inc. 1045 Gemini Road Eagan MN 55121 [REDACTED]				5. Work Order/Contract/Invoice Number 102309		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
1	RISER	630065-509	1 each	102309	OVERHAULED	
12. Remarks: REF: WORK ORDER #102309.						
Aerospace Welding Minneapolis, Inc. certifies that the work specified in block 12/13 was carried out in accordance with EASA part 145 and in respect to that work, the component is considered ready for release to service under EASA part 145 Approval Number:EASA. 1456155. This form covers certification of the part identified in block 7/8 only and any additional EAS630065-509A requirements are the responsibility of the installer.						
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature		13c. Approval/Authorization No.:	14b. Authorized Signature: [REDACTED]		14c. Approval/Certificate No.: [REDACTED]	
13d. Name (Typed or Printed):		13e. Date (dd/mmm/yyyy):	14d. Name (Typed or Printed): Tom Knaresboro		14e. Date (dd/mmm/yyyy): 17 Jan 2007	
User/Installer Responsibilities						
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.						
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.						
Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.						

Discrepancies Noted:

- | | | |
|--|--|--|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Corrective Action: ITEMS REPLACED OR REPAIRED

- | | | |
|--|--|--|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Material Type

- 347 SS FILLER ROD
- 321 SS
- 4130 CHROMALLY
- 4130 ROD
- INCONEL
- INCONEL ROD
- _____
- _____

Approved Data

- 43.13-1B
- MANUFACTURER'S MANUAL
- AIR CARRIER'S MANUAL
- _____

AEROSPACE WELDING MINNEAPOLIS, INC.

1045 Gemini Road, Eagan, MN 55121 651-379-9888

102310

FAA Repair Station: _____

Form 100

NAME WIN AIR/B2W CORPORATION		S/N AWI N/A	Job: 24448
ADDRESS _____		CITY WINONA MN 55987	I N S P E C T I O N Preliminary Date 1/12/2007 Hidden Damage Date 1/15/2007 In Progress Date 1/16/2007 Final Date 1/17/2007
Make & Model MOONEY M-20 180 S	Part Number 630065-511		
Unit Description SEE BELOW			
Registration No.			

CUSTOMER SERVICES REQUESTED

DESCRIPTION: MOONEY M-20 180 SLIP RIB - RR RISER

<input checked="" type="checkbox"/> REPAIRS	<input checked="" type="checkbox"/> ELBOW	<input checked="" type="checkbox"/> BOLT FLANGE	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> A.D. NOTES	<input type="checkbox"/> DIE PENETRANT	<input type="checkbox"/> CORROSION PROTECT NEW TUBE	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> PRESSURE TEST	<input type="checkbox"/> DEMAGNETIZE	<input type="checkbox"/> PRIMER COAT	<input type="checkbox"/> _____

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY _____

DATE 1/17/2007

1. Approving Civil Aviation Authority/Country FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: 102310	
4. Organization Name and Address: Aerospace Welding Minneapolis, Inc. 1045 Gemini Road Eagan MN 55121 [REDACTED]				5. Work Order/Contract/Invoice Number 102310		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
1	RISER	630065-511	1 each	102310	OVERHAULED	
12. Remarks: REF: WORK ORDER #102310.						
Aerospace Welding Minneapolis, Inc. certifies that the work specified in block 12/13 was carried out in accordance with EASA part 145 and in respect to that work, the component is considered ready for release to service under EASA part 145 Approval Number:EASA. 1456155. This form covers certification of the part identified in block 7/8 only and any additional EAS630065-511A requirements are the responsibility of the installer.						
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature		13c. Approval/Authorization No.:	14b. Authorized Signature: [REDACTED]		14c. Approval/Certificate No.: [REDACTED]	
13d. Name (Typed or Printed):		13e. Date (dd/mmm/yyyy):	14d. Name (Typed or Printed): Tom Knaresboro		14e. Date (dd/mmm/yyyy): 17 Jan 2007	
User/Installer Responsibilities						
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.						
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.						
Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.						

Discrepancies Noted:

- | | | |
|--|--|--|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS

Corrective Action: ITEMS REPLACED OR REPAIRED

- | | | |
|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> <input type="checkbox"/> BAFFLE | <input type="checkbox"/> <input type="checkbox"/> INLAY | <input type="checkbox"/> <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> <input type="checkbox"/> END PLATE | <input type="checkbox"/> <input type="checkbox"/> OVERLAY | <input type="checkbox"/> <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> <input type="checkbox"/> INLET EXTENSION | <input type="checkbox"/> <input type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> <input type="checkbox"/> BEADED END | <input type="checkbox"/> <input type="checkbox"/> RISER TUBE | <input type="checkbox"/> <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> <input type="checkbox"/> TAB | <input type="checkbox"/> <input type="checkbox"/> FLANGE | <input type="checkbox"/> <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> <input type="checkbox"/> SHAFT | <input type="checkbox"/> <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> <input type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> <input type="checkbox"/> BODY | <input type="checkbox"/> <input type="checkbox"/> SKIN |
| <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS

Material Type

- 347 SS FILLER ROD
- 321 SS
- 4130 CHROMALLY
- 4130 ROD
- INCONEL
- INCONEL ROD
- _____
- _____

Approved Data

- 43.13-1B
- MANUFACTURER'S MANUAL
- AIR CARRIER'S MANUAL
- _____

AEROSPACE WELDING MINNEAPOLIS, INC.

1045 Gemini Road, Eagan, MN 55121 651-379-9888

102311

FAA Repair Station

Form 100

NAME WIN AIR/B2W CORPORATION		S/N AWI N/A	Job: 24448
ADDRESS <u> </u>		CITY WINONA MN 55987	INSPECTION Preliminary Date 1/12/2007 Hidden Damage Date 1/15/2007 In Progress Date 1/16/2007 Final Date 1/17/2007
Make & Model MOONEY M-20 180 S	Part Number 630065-507		
Unit Description SEE BELOW			
Registration No.			

CUSTOMER SERVICES REQUESTED

DESCRIPTION: MOONEY M-20 180 SLIP RIB - LF RISER

- | | | | |
|---|---|---|--------------------------------|
| <input checked="" type="checkbox"/> REPAIRS | <input checked="" type="checkbox"/> ELBOW | <input checked="" type="checkbox"/> BOLT FLANGE | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> A.D. NOTES | <input type="checkbox"/> DIE PENETRANT | <input type="checkbox"/> CORROSION PROTECT NEW TUBE | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> PRESSURE TEST | <input type="checkbox"/> DEMAGNETIZE | <input type="checkbox"/> PRIMER COAT | <input type="checkbox"/> _____ |

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY DATE 1/17/2007

1. Approving Civil Aviation Authority/Country FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number: 102311	
4. Organization Name and Address: Aerospace Welding Minneapolis, Inc. 1045 Gemini Road Eagan MN 55121 [REDACTED]				5. Work Order/Contract/Invoice Number 102311		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
1	RISER	630065-507	1 each	102311	OVERHAULED	
12. Remarks: REF: WORK ORDER #102311.						
Aerospace Welding Minneapolis, Inc. certifies that the work specified in block 12/13 was carried out in accordance with EASA part 145 and in respect to that work, the component is considered ready for release to service under EASA part 145 Approval Number:EASA. 1456155. This form covers certification of the part identified in block 7/8 only and any additional EAS630065-507A requirements are the responsibility of the installer.						
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature		13c. Approval/Authorization No.:	14b. Authorized Signature:		14c. Approval/Certificate No.:	
13d. Name (Typed or Printed):		13e. Date (dd/mmm/yyyy):	14d. Name (Typed or Printed): Tom Knaresboro		14e. Date (dd/mmm/yyyy): 17 Jan 2007	
User/Installer Responsibilities						
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.						
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.						
Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.						

Discrepancies Noted:

- | | | |
|--|--|---|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input checked="" type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input checked="" type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input checked="" type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Corrective Action: ITEMS REPLACED OR REPAIRED

- | | | |
|--|--|---|
| <input type="checkbox"/> OUTERSHELL | <input type="checkbox"/> BALL JOINT | <input type="checkbox"/> BELLOWS |
| <input type="checkbox"/> OVERBOARD | <input type="checkbox"/> BELL JOINT | <input type="checkbox"/> HEAT FINS |
| <input type="checkbox"/> BAFFLE | <input type="checkbox"/> INLAY | <input type="checkbox"/> STRAIGHT TUBE |
| <input type="checkbox"/> END PLATE | <input checked="" type="checkbox"/> OVERLAY | <input type="checkbox"/> BRACKET |
| <input type="checkbox"/> SHROUD RING | <input type="checkbox"/> INLET EXTENSION | <input checked="" type="checkbox"/> BOLT FLANGE |
| <input type="checkbox"/> BEADED END | <input checked="" type="checkbox"/> RISER TUBE | <input type="checkbox"/> TOP TUBE |
| <input type="checkbox"/> TAB | <input type="checkbox"/> FLANGE | <input type="checkbox"/> CRACK WELD |
| <input type="checkbox"/> SHAFT | <input type="checkbox"/> TAILPIPE | <input checked="" type="checkbox"/> SLIP JOINT |
| <input type="checkbox"/> BUTTERFLY | <input type="checkbox"/> FLOW DIVIDER | <input type="checkbox"/> ELBOW |
| <input type="checkbox"/> CLEAN & INSP. | <input type="checkbox"/> BODY | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

INSPECTOR'S INITIALS _____

Material Type

- 347 SS FILLER ROD
- 321 SS
- 4130 CHROMALLY
- 4130 ROD
- INCONEL
- INCONEL ROD
- _____
- _____

Approved Data

- 43.13-1B
- MANUFACTURER'S MANUAL
- AIR CARRIER'S MANUAL
- _____

AEROSPACE WELDING MINNEAPOLIS, INC.

1045 Gemini Road, Eagan, MN 55121 651-379-9888

FAA Repair Station _____

102312

Form 100

NAME WIN AIR/B2W CORPORATION		S/N AWI N/A	Job: 24448
ADDRESS _____		CITY WINONA MN 55987	Preliminary Date 1/12/2007 Hidden Damage Date 1/15/2007 In Progress Date 1/16/2007 Final Date 1/17/2007
Make & Model MOONEY M-20 180 S	Part Number 630065-513		
Unit Description SEE BELOW			
Registration No.			

CUSTOMER SERVICES REQUESTED

DESCRIPTION: MOONEY M-20 180 SLIP RIB - LR RISER ASSY

<input checked="" type="checkbox"/> REPAIRS	<input checked="" type="checkbox"/> ELBOW	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> A.D. NOTES	<input type="checkbox"/> DIE PENETRANT	<input type="checkbox"/> CORROSION PROTECT NEW TUBE	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> PRESSURE TEST	<input type="checkbox"/> DEMAGNETIZE	<input type="checkbox"/> PRIMER COAT	<input type="checkbox"/> _____

AUTHORIZED AND CONDITIONS AGREED TO AS STATED ABOVE

BY _____

DATE 1/17/2007

1. Approving Civil Aviation Authority/Country FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG				3. Form Tracking Number: 102312	
4. Organization Name and Address: Aerospace Welding Minneapolis, Inc. 1045 Gemini Road Eagan MN 55121 [REDACTED]					5. Work Order/Contract/Invoice Number 102312		
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:		
1	RISER	630065-513	1 each	102312	OVERHAULED		
12. Remarks: REF: WORK ORDER #102312.							
Aerospace Welding Minneapolis, Inc. certifies that the work specified in block 12/13 was carried out in accordance with EASA part 145 and in respect to that work, the component is considered ready for release to service under EASA part 145 Approval Number:EASA. 1456155. This form covers certification of the part identified in block 7/8 only and any additional EAS630065-513A requirements are the responsibility of the installer.							
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 12 Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.				
13b. Authorized Signature		13c. Approval/Authorization No.:		14b. Authorized Signature:		14c. Approval/Certificate No.:	
13d. Name (Typed or Printed):		13e. Date (dd/mm/yyyy):		14d. Name (Typed or Printed): Tom Knaresboro		14e. Date (dd/mm/yyyy): 17 Jan 2007	
User/Installer Responsibilities							
It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.							
Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.							
Statements in Blocks 14 and 19 do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.							


NCY.

B₂W
ki Dr.
. 55987
-2220

R TT
0 2329.60

N 2006-05,

of the
Winona, MN.

DATE	A. D. NUMBER	TOTAL TIME IN SERVICE	AIRWORTHINESS DIRECTIVES				
19__			CHRONOLOGICAL LISTING OF COMPLIANCE AND METHOD OF COMPLIANCE				
UNIT M20C		 The Island City's FBO			Win Air / B₂W 106 Galewski Dr. Winona, MN. 55987 Ph# 507 452-2220		
REGISTRATION N9149V							
DATE	MFG.	MODEL	S/N	TSO	CYCLES	H. MTR	TT
01-25-07	MOONEY	M20C	690026	N/A	N/A	2343.06	2343.06
LOG ENTRY :							
REMOVED OIL COOLER, SW PN8406J, SN 16718; REPLACED WITH NEW SW UNIT PN 8406R, SN 10783- 8130-3-, TN 8486. REMOVED ENTIRE EXHAUST SYSTEM, INSTALLED AWI CRS # A55R441J REPAIRED SYSTEM, 8130-3'S, 102308,102309, 102310, 102311 & 102312 WITH ALL NEW HARDWARE AND SCAT TUBING. AIRCRAFT GROUND RUN, OPERATIONALLY AND LEAK CHECKS OK *****							
The aircraft identified above was repaired and inspected in accordance with current regulations of the Federal Aviation Administration. Only those items specified on the WORK ORDER have been inspected and are approved for return to service. Pertinent details of the repair are on file at Win Air / B2W of Winona, MN under work order # 07-01-11 DATED 01-25-2007. No other representations concerning Airworthiness are expressed or implied. *****							
SIGNED: KURT SWOGGER			A&P CERT.# [REDACTED]				