

Nevada State Board of Equalization  
Taxpayer Petition for DIRECT Appeal

If you have questions about this form or the appeal process, please call: (775) 684-2100  
Email completed form to: [stateboard@tax.state.nv.us](mailto:stateboard@tax.state.nv.us) or Fax (775) 684-2020  
Mail: State Board of Equalization, 3850 Arrowhead Dr., 2nd Floor, Carson City, NV, 89706

RECEIVED

May 15, 2025

STATE OF NEVADA  
DEPARTMENT OF TAXATION



Please Print or Type:

**Part A. PROPERTY OWNER AND PETITIONER INFORMATION**

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:					
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER)				TITLE	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX)				EMAIL ADDRESS:	
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

**Part B. PROPERTY OWNER ENTITY DESCRIPTION**

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- ☐ Sole Proprietorship ☐ Trust ☐ Corporation  
☐ Limited Liability Company (LLC) ☐ General or Limited Partnership ☐ Government or Governmental Agency  
☐ Other, please describe: \_\_\_\_\_

The organization described above was formed under the laws of the State of \_\_\_\_\_.

The organization described above is a non-profit organization. ☐ Yes ☐ No

**Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A**

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self ☐ Trustee of Trust ☐ Employee of Property Owner  
☐ Co-owner, partner, managing member ☐ Officer of Company  
☐ Employee or Officer of Management Company  
☐ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property  
☐ Other, please describe: \_\_\_\_\_

**Part D. PROPERTY IDENTIFICATION INFORMATION**

**1. Enter Physical Address of Property:**

ADDRESS	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
---------	-------------	----------------------	--------

**2. Enter Applicable APN or Account Number from assessment notice or tax bill:**

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER	PROPERTY IDENTIFICATION NUMBER (PIN)-MINES
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**3. Does this appeal involve multiple parcels? Yes ☐ No ☐**

List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: \_\_\_\_\_

Multiple parcel list is attached. ☐

**4. Check Property Type: ☒**

- ☐ Vacant Land ☐ Mobile Home (Not on foundation) ☐ Mining Property  
☐ Residential Property ☐ Commercial Property ☐ Industrial Property  
☐ Multi-Family Residential Property ☐ Agricultural Property ☐ Personal Property  
☐ Possessory Interest in Real or Personal property

**5. Check Year and Roll Type of Assessment being appealed: ☒**

- ☐ 2024-2025 Secured Roll ☐ 2023-2024 Unsecured Roll ☐ 2023-2024 Supplemental Roll  
☐ 2024-2025 Centrally-assessed Rol ☐ 2023-2024 Net Proceeds Roll

Other years being appealed: \_\_\_\_\_

Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.

**Part E. VALUE OF PROPERTY**

Property Type	As established by County Assessor or Department of Taxation		Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed.	
	Taxable Value	Assessed Value	Taxable Value	Assessed value
Land				
Buildings				
Personal Property				
Possessory interest in real property				
Centrally-assessed properties				
Net Proceeds of Minerals				
Total				

For Clerk Use Only:

25-158

## Part F. TYPE OF APPEAL

*Check box which best describes the authority of the State Board to take jurisdiction to hear the appeal.*

- ☐ NRS 361.360(3): The value of real or personal property is being appealed, but the appeal could not be heard by a county board of equalization because the real or personal property was placed on the unsecured tax roll after December 15.
- ☐ NRS 361A.240(2)(b): The value of open-space property is being appealed, but the appeal could not be heard by a county board of equalization because the under-or-over valuation of open-space use assessment was placed on the unsecured tax roll after December 15.
- ☐ NRS 361A.273(2): This is an appeal of a determination that agricultural property has been converted to a higher use and for valuations for deferred tax years; the notice of conversion from the assessor was received after December 16 and before July 1.
- ☐ NRS 361.403: This is an appeal regarding the undervaluation, overvaluation or non-assessment of property by the Nevada Tax Commission (centrally-assessed utility, transportation or mine properties).
- ☐ NRS 362.135: This is an appeal of the certification of Net Proceeds of Minerals Tax by the Department of Taxation.
- ☐ This is an appeal of the denial of exemption of real or personal property by Department of Taxation
- ☐ Other reason, please describe. \_\_\_\_\_

## Part G. ATTACH A STATEMENT DESCRIBING THE FACTS, REASONS AND STATUTORY BASIS RELIED UPON TO SUPPORT THE CLAIM, PURSUANT TO NAC 361.7012(6).

### Part H. AUTHORIZATION OF AGENT *Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the State Board.*

I hereby authorize the agent whose name and contact information appears below to file a petition to the Nevada State Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition.

I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Nevada State Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

*List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.*

#### Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:			TITLE:		
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			EMAIL ADDRESS:		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)					
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.

Authorized Agent Signature

Title

Date

## VERIFICATION

I verify ( or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and that I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H above is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H.

Petitioner Signature

Title

Date

*Agent Signature required only if Petitioner did not sign certification and a separate Agent Authorization will be submitted.*

I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and NAC 361.7018 and the limitations contained in the Agent Authorization Form 5105SBE to be separately submitted.

Authorized Agent Signature

Title

Date

## UNSECURED PROPERTY TAX BILL - AIRCRAFT

## Clark County

Bill No.: 1541276

Date: 04/23/2025

**Briana Johnson, Clark County Assessor**

500 S. Grand Central Pkwy., 2nd Floor, Las Vegas, NV 89155

[www.ClarkCountyNV.gov/Assessor](http://www.ClarkCountyNV.gov/Assessor)

Phone: (702) 455-3882

**togetherforbetter**

Fiscal Year	Account	Tax District	Tax Rate	Property Location and Description
2024/2025	224864	340	2.9328	1000 N HOLLYWOOD BLVD LAS VEGAS
Assessed Valuation				
Property Value			2,985,939	2019 TEXTRON AVIATION INC B300 N# 2317 Ser# FL-1192
Name				Exemption Values
MISSION SUPPORT AND TEST SERVICES LLC PO BOX 98521 M/S NLV026 LAS VEGAS NV 89193-8521				
				Total Exemption 0

**Sale or disposal of this property after July 1, 2024 does not relieve the obligation to pay this tax.**

Property Value Ad Valorem Tax	0.00
Abatement Amount	0.00
<b>*Abatement Applied Limits Increase To 8.00%</b>	
Net Ad Valorem Tax	0.00
New Property Value Outside CAP	87,571.62
Adjusted Tax Amount	-79,690.16
Exemption Amount	0.00
Recapture Amount	0.00
<b>Net Tax Amount</b>	<b>7,881.46</b>
<b>Penalties</b>	<b>0.00</b>
Miscellaneous Fees	0.00
Veteran's Home Donation	0.00
<b>Total Amount Billed</b>	<b>7,881.46</b>
<b>Less Payments Applied</b>	<b>0.00</b>
<b>Balance Remaining</b>	<b>7,881.46</b>
<b>Prior Year Delinquencies</b>	<b>0.00</b>
<b>Total Balance Owng</b>	<b>\$7,881.46</b>

Detail of Amount Due		
Description	Total Due	Minimum Due
Tax Year 2024/2025	7,881.46	7,881.46
<b>Total</b>	<b>7,881.46</b>	<b>7,881.46</b>

Payments received will be applied to the oldest charge first.  
To avoid penalties, payments must be postmarked by due date.  
Penalties are 10% of the tax amount due.

All delinquent amounts are due immediately.

If property is protected by bankruptcy, this is for your information. Do not consider this an attempt to collect.

Current Year Tax Distribution		
Agency	Rate	Amount
Clark County Capital	0.0500	134.37
Clark County Family Court	0.0192	51.60
Clark County Fire Service District	0.2197	590.41
Clark County General Operating	0.4599	1,235.91
County School Debt (Bonds)	0.5534	1,487.18
State Education	0.7500	2,015.51
Indigent Accident Fund	0.0150	40.31
LV/Clark County Library	0.0942	253.15
LVMPPD Emergency 911	0.0050	13.44
LVMPPD Manpower Supplement County	0.2800	752.46
Medical Asst to Indigent Persons	0.1000	268.73
State Cooperative Extension	0.0100	26.87
State of Nevada	0.1700	456.85
Sunrise Manor Town	0.2064	554.67
Totals	2.9328	7,881.46
<b>Payment Installment(s)</b>		
<b>Description</b>	<b>Due Date</b>	<b>Amount Due</b>
Installment 1	05/23/2025	7,881.46
Installment 2		0.00
Installment 3		0.00
Installment 4		0.00

Cut Here



**Please return this portion with your payment.**

Date: 04/23/2025



Make checks payable to:  
**Clark County Assessor**

Fiscal Year: 2024/2025  
Due By: 05/23/25

Account Number: 224864

Tax District:	340
Tax Amount:	\$7,881.46
Penalty:	\$0.00
Misc. Fee:	\$0.00

Minimum Due:	\$7,881.46
To Pay In Full:	\$7,881.46

**togetherforbetter**

Mail to:  
500 S. Grand Central Pkwy., 2nd Floor  
PO Box 551401  
Las Vegas, NV 89155-1401

Name: MISSION SUPPORT AND TEST SERVICES LLC  
Description: 2019 TEXTRON AVIATION INC B300 N# 2317 Ser# FL-1  
Location: 1000 N HOLLYWOOD BLVD

2025224864000000000010000007881460000007881464

Mission Support and Test Services, LLC  
Personal Account 224864  
Attachment to Taxpayer Petition for Direct Appeal

The United States of America owns the real property and improvements located on APN 139-15-701-001. The parcel is improved with numerous structures.

Mission Support and Test Services, LLC is a Delaware limited liability company. It has been assessed by Clark County under Personal Property Account 224864 for a possessory interest in an aircraft (N-2317). Tax Bill #1541276 was issued on April 23, 2025. The Tax Bill is based on a taxable value of \$8,531,254, which equals an assessed value of \$2,985,939. The tax assessed was \$7,881.46.

MSTS has not completed its evaluation of the assessment or the aircraft's valuation. MSTS has questions and is in the process of trying to obtain further information from the Clark County Assessor's office. In the meantime, MSTS is filing this petition to preserve its right to question the assessment.





## Nevada State Board of Equalization

### Agent Authorization Form

If you have questions about this form or the appeal process, please call: (775) 684-2160.

Email completed form to: [stateboard@tax.state.nv.us](mailto:stateboard@tax.state.nv.us) or Fax (775) 684-2020

Mail: State Board of Equalization, 3850 Arrowhead Dr, Carson City, NV, 89706

**Please Print or Type:**

#### Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: Mission Support and Test Services LLC					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): Matt Pasulka				TITLE Senior Legal Counsel	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) PO Box 98521 M/S NLV026				EMAIL ADDRESS: pasulkmp@nv.doe.gov	
CITY Las Vegas	STATE NV	ZIP CODE 89193	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

#### Part B. PROPERTY OWNER INFORMATION

Check organization type which best describes the Property Owner if not a natural person: ☒ Natural persons may skip Part B.

- ☐ Sole Proprietorship      ☐ Trust      ☐ Corporation  
☒ Limited Liability Company (LLC)      ☐ General or Limited Partnership      ☐ Government or Governmental Agency  
☐ Other, please describe: \_\_\_\_\_

The organization described above was formed under the laws of the State of Delaware.

The organization described above is a non-profit organization. ☐ Yes      ☒ No

#### Part C. RELATIONSHIP OF PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER

Check box which best describes the relationship of Petitioner to Property Owner: ☒ Additional information may be necessary.

- ☐ Self      ☐ Trustee of Trust      ☐ Employee of Property Owner  
☐ Co-owner, partner, managing member      ☐ Officer of Company  
☐ Employee or Officer of Management Company  
☒ Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property  
☐ Other, please describe: \_\_\_\_\_

#### Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:

Enter Applicable Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN)	ACCOUNT NUMBER all property assessed to MSTs	PROPERTY IDENTIFICATION NUMBER (PIN)-MINES
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- ☒ Multiple parcel list attached. (Use letter-size paper)

#### Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED: ☒

- ☐ 2025-2026 Secured Roll      ☒ 2024-2025 Unsecured Roll      ☐ 2024-2025 Supplemental Roll  
☐ 2025-2026 Centrally-Assessed Roll      ☐ 2024-2025 Net Proceeds Roll

Other years being appealed: \_\_\_\_\_

Be prepared to cite the legal authority, if any, that permits the State Board to consider appeals of taxable value from prior years.

For clerk use only

**Part F. AUTHORIZATION OF AGENT**

I hereby authorize the agent whose name and contact information appears below to file a petition to the Nevada State Board of Equalization and to contest the value and/or exemption established for the properties named in Part D of this Agent Authorization.


I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Nevada State Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part E of this document.

**List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.**

**Authorized Agent Contact Information:**

NAME OF AUTHORIZED AGENT: Josh Hicks			TITLE: Attorney - Partner		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: McDonald Carano			EMAIL ADDRESS: jhicks@mcdonaldcarano.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 100 West Liberty Street, Tenth Floor					
CITY Reno	STATE NV	ZIP CODE 89501	DAYTIME PHONE 775-788-2000	ALTERNATE PHONE	FAX NUMBER


I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.


 Authorized Agent Signature
 Attorney - Partner
 Title
 5/9/2025
 Date

**Authorized Agent Contact Information:**

NAME OF AUTHORIZED AGENT: Zach Besso			TITLE: Attorney - Associate		
AUTHORIZED AGENT COMPANY, IF APPLICABLE: McDonald Carano			EMAIL ADDRESS: zbesso@mcdonaldcarano.com		
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 100 West Liberty Street, 10th Floor					
CITY Reno	STATE NV	ZIP CODE 89501	DAYTIME PHONE 775-326-4318	ALTERNATE PHONE	FAX NUMBER

I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the State Board.


 Authorized Agent Signature
 Attorney - Associate
 Title
 5/9/2025
 Date

**VERIFICATION**

I verify ( or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and that I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. I further certify I have authorized each agent named herein to represent the Property Owner as stated and I have the authority to appoint each agent named herein.


 Property Owner / Petitioner Signature
 Senior Legal Counsel
 Title
 5/13/2025
 Date

**From:** [Zach D Besso](#)  
**To:** [State Board Equalization](#)  
**Cc:** [Joshua J. Hicks](#); [Paul D. Bancroft](#)  
**Subject:** Mission Support and Test Services - Appeal  
**Date:** Thursday, May 15, 2025 5:03:19 PM  
**Attachments:** [MSTS - 1000 N. Hollman - \[REDACTED\] - Appeal - Compiled.pdf](#)  
[MSTS - \(#224864\) N. Hollman - \[REDACTED\] - Employer Direct Appeal \(1\) - Compiled.pdf](#)  
[MSTS - \(#220224\) N. Hollman - \[REDACTED\] - Appeal \(2\) - Compiled.pdf](#)  
[MSTS - \(#224863\) N. Hollman - \[REDACTED\] - Employer Direct Appeal.pdf](#)  
[MSTS - 216 AHed - \[REDACTED\] - Direct Appeal.pdf](#)

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**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello,

Please find the attached Appeals for Mission Support and Test Services. Please confirm receipt of this Appeal.

Thank you,  
Zach Besso

**Zach Besso** | Attorney



100 West Liberty Street | Tenth Floor  
Reno, NV 89501

**P:** 775.788.2000 | **D:** 775.326.4318

[vCard](#)



| [State Law Resources](#)

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# SBE NOTICE OF HEARING



STATE OF NEVADA  
STATE BOARD OF EQUALIZATION

JOE LOMBARDO  
*Governor*

3850 Arrowhead Drive, Second Floor  
Carson City, Nevada 89706  
Telephone (775) 684-2160  
Fax (775) 684-2020

SHELLIE HUGHES  
*Secretary*

September 19, 2025

**NOTICE OF HEARING**

**CERTIFIED MAIL** – 9489 0090 0027 6554 5239 61

Email: [jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)

PETITIONER:

MISSION SUPPORT AND TEST SERVICES LLC  
C/O MCDONALD CARANO  
ATTN: JOSH HICKS  
100 WEST LIBERTY STREET, TENTH FL  
RENO, NV 89501

**CERTIFIED MAIL** – 9489 0090 0027 6554 5239 78

Email: [Clarkcountyassessor@clarkcountynv.org](mailto:Clarkcountyassessor@clarkcountynv.org)

RESPONDENT:

BRIANA JOHNSON  
CLARK COUNTY ASSESSOR  
500 S GRAND CENTRAL PARKWAY 2ND FLOOR  
LAS VEGAS NV 89155-1401

**DATE/ TIME:** September 29, 2025 at 9:30 AM  
September 30, 2025 at 9:00 AM  
October 1, 2025 at 9:00 AM

**PLACE:** Nevada Department of Taxation  
700 E Warm Springs Road, Room 150  
Las Vegas, Nevada 89119

Nevada Department of Taxation  
9850 Double R Blvd.  
Reno, Nevada 89521

**ZOOM OPTION:**

<https://us02web.zoom.us/j/82951348384>

**Or Telephone:**

US:+1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656 or +1 301 715 8592  
or +1 312 626 6799

**Webinar ID:** 829 5134 8384

**Hearings begin on the first day. It is each taxpayer's or his representative's responsibility to be present when the case is called.**

LEGAL AUTHORITY AND JURISDICTION OF THE STATE BOARD OF EQUALIZATION: NRS 361.400

BRIEF STATEMENT OF MATTER: Appeal from the action of the Clark County Board of Equalization

**Case No:** 25-158

**Parcel No:** Acct #224864

The State Board of Equalization (State Board) will hear the Petitioner's appeal at the time and place stated above. Please be aware that the time is approximate and although you may be assured the appeal will not be heard prior to the stated time, be prepared for possible delays as several appeals are scheduled at the

same time. If the taxpayer or his representative is not present when his hearing is called, the State Board will invoke the requirements of NRS 361.385 and NAC 361.708(4). The State Board may (a) proceed with the hearing; (b) dismiss the proceeding with or without prejudice; or (c) recess the hearing for a period to be set by the State Board to enable the party to attend.

Please be aware the State Board will limit its consideration to the issues and contentions set forth in the petition. Other issues may be heard if the requirements of NAC 361.745 are met.

Information regarding the rules of practice and procedure before the State Board are on the attached information sheet.


In compliance with the Americans with Disabilities Act, individuals needing special accommodations during this hearing should notify the Department at least 3 days before the hearing. In order to comply with the security procedures of the Department, you will be required to show identification and sign a visitor's log prior to entering the hearing room.

If you need an accommodation in order to communicate during the hearing, the Department will provide one at no cost to you. Arrangements for an interpreter should be made as soon as possible, but no later than 14 days before the scheduled meeting. Please contact Kari Skalsky at 775-684-2160 at least 14 days in advance to request an interpreter in your preferred language. You may also submit your request through [stateboard@tax.state.nv.us](mailto:stateboard@tax.state.nv.us).

Si necesita una ayuda para comunicarse durante la audiencia, el Departamento se lo proporcionará sin costo alguno. Los trámites para conseguir un intérprete deben hacerse lo antes posible, pero a más tardar 14 días antes de la cita programada. Por favor, póngase en contacto con Kari Skalsky al 775-684-2160 con al menos 14 días de anticipación para solicitar un intérprete en su idioma de preferencia. También puede solicitarlo a través de [stateboard@tax.state.nv.us](mailto:stateboard@tax.state.nv.us).

If you have any questions, please call (775) 684-2041.

Shellie Hughes  
Secretary to the State Board of Equalization

By:   
Kari Skalsky  
Department of Taxation

### Waiver of Notice Request

Due to an administrative oversight and the current State of Nevada system access limitations, there is not enough time available to provide a full 14-day notice as required by NRS 241. Therefore, we would like to request your consideration of a waiver of the 14-day notice requirements and approval that this notice is sufficient. Please let us know whether or not you agree to waive the notice requirements, by signing and dating the signature block below and checking the appropriate box. Please sign and return response to the Department by electronic mail submission to [stateboard@tax.state.nv.us](mailto:stateboard@tax.state.nv.us) today.

☒ Yes, I agree to waive the 14-day notice. My representative or myself will appear before the State Board of Equalization on September 29, 30 and October 1, 2025.

☐ No, I do not agree to waive the 14-day notice by certified letter.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney  
Title

9/19/2025  
\_\_\_\_\_  
Date

# STIPULATION



## BRIANA JOHNSON, CLARK COUNTY ASSESSOR

500 S. Grand Central Pkwy. 2<sup>nd</sup> Floor, Las Vegas, NV 89155  
Office: 702-455-4997 | [ClarkCountyNV.gov/Assessor](http://ClarkCountyNV.gov/Assessor)

MARY ANN WEIDNER  
Deputy Director of Assessment Services

### *Withdrawal for the State Board of Equalization*

August 25, 2025  
MISSION SUPPORT AND TEST SERVICES LLC  
PO BOX 98521 M/S NLV026  
LAS VEGAS NV 89193-8521

RE: Appeal No(s). 25-158  
Assessor ID 224864

Dear Property Owner:

The Appraisal Division of the Clark County Assessor's Office has completed the review of the taxable value of the above property under appeal. After careful consideration of the facts involved, we are recommending no changes are justifiable at this time. Therefore, the taxable value will remain as follows:

<b>Fiscal Year:</b>	<b>2024-2025</b>
Personal Property	\$8,531,254
Apportionment Adj %	9.0%

By signing below, Petitioner agrees to the above recommendation. This recommendation is subject to approval by the State Board of Equalization. Please return this letter to our office before your scheduled hearing. You may mail to the above address or FAX to (702) 380-9593.

Sincerely,

Elizabeth Hubsy  
Appraisal Division

**I HEREBY AGREE TO THE VALUE AS RECOMMENDED ABOVE FOR MY APPEAL TO THE STATE BOARD OF EQUALIZATION:**

x Matthew Pasulka  
Signature of owner or authorized agent

DATE: 9/2/2025



# COUNTY RECORD



# STATE BOARD OF EQUALIZATION

Case # 25-158  
Assessor Information



# Clark County Assessor Case Summary

## Unsecured Roll - Personal Property

### Direct Appeal to State

**Case #:** 158

**Appraiser:** Elizabeth Hubsy

**Year Subject To Appeal:** 2024/2025

**Appeal Issue:** Valuation

**Assessor Account:** 224864

**Business / Owner Name:** MISSION SUPPORT AND TEST SERVICES LLC

**Location Address:** 1000 N HOLLYWOOD BLVD, LAS VEGAS

**Property Type:** Aircraft

**Declaration received:** 8/31/2024

**Declaration meets requirements of NRS 361.265**

**Certified Taxable Value:** 8,531,254

**Apportionment Adjustment %:** 9

#### Notes

This appeal pertains to a Textron B300 Aircraft, Tail N2317, acquired in 2020 at an Acquisition Cost of \$10,682,762. The Taxable Value was \$8,531,254. An Apportionment Adjustment Percentage of 9% was applied to the tax bill. The adjustment was made based on the prorated possessory use of the aircraft and possessory use statutes. No changes to the Taxable Value or Apportionment Adjustment Percentage was made on this account.



together**for**better

## BRIANA JOHNSON, CLARK COUNTY ASSESSOR

500 S. Grand Central Pkwy. 2<sup>nd</sup> Floor, Las Vegas, NV 89155  
Office: 702-455-4997 | [ClarkCountyNV.gov/Assessor](http://ClarkCountyNV.gov/Assessor)

MARY ANN WEIDNER  
Deputy Director of Assessment Services

### *Withdrawal for the State Board of Equalization*

August 25, 2025  
MISSION SUPPORT AND TEST SERVICES LLC  
PO BOX 98521 M/S NLV026  
LAS VEGAS NV 89193-8521

RE: Appeal No(s). 25-158  
Assessor ID 224864

Dear Property Owner:

The Appraisal Division of the Clark County Assessor's Office has completed the review of the taxable value of the above property under appeal. After careful consideration of the facts involved, we are recommending no changes are justifiable at this time. Therefore, the taxable value will remain as follows:

<b>Fiscal Year:</b>	<b>2024-2025</b>
Personal Property	\$8,531,254
Apportionment Adj %	9.0%

By signing below, Petitioner agrees to the above recommendation. This recommendation is subject to approval by the State Board of Equalization. Please return this letter to our office before your scheduled hearing. You may mail to the above address or FAX to (702) 380-9593.

Sincerely,

Elizabeth Hubsy  
Appraisal Division

**I HEREBY AGREE TO THE VALUE AS RECOMMENDED ABOVE FOR MY APPEAL TO THE STATE BOARD OF EQUALIZATION:**

x \_\_\_\_\_  
Signature of owner or authorized agent

DATE: \_\_\_\_\_

**service integrity respect accountability excellence leadership**



together**for**better

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Sincerely,

Elizabeth Hubsy  
Appraisal Division

**I HEREBY AGREE TO THE VALUE AS RECOMMENDED ABOVE FOR MY APPEAL TO THE STATE BOARD OF EQUALIZATION:**

x Matthew Pasulka  
Signature of owner or authorized agent

DATE: 9/2/2025

**service integrity respect accountability excellence leadership**



# AIRCRAFT FLIGHT LOG

No. 20279

DATE 6 JUL '13		AIRCRAFT # N2317		MISSION # PFT 001		JOB # 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT TRAINING					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM		DAY
1	[REDACTED]	[REDACTED]	LSV	LSV	10:24	10:30	73.0	74.9	1.9	1.9				1	385
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							1.9	2.1	TOTAL LANDINGS		1				
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			PILOT						INSTRUMENT PROCEDURES						
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT	
									1	H	MMH		1	1	
									1	H	MMH		1	1	
									1	LPV	AZC		1	1	
									1	GPS	AZC CIRCLE			1	
									1	LOC	LSV			1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			473.0		352		473.0	252		473.0	252				
TODAY			1.9		1		1.9	1		1.9	1				
TOTAL			474.9		353		474.9	253		474.9	253				
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		10504 '23													
TIME		0913													
INITIALS		m													
MAINTENANCE OPS CHECKS							MAINTENANCE OPS CHECKS								
							The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: <u>CM</u> Date: <u>7/6/23</u>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						

Company  
Form  
FRM-0601

UF

# AIRCRAFT FLIGHT LOG

01/19/18  
Rev. 02  
Page 1 of 2

No. 20280

DATE 10 JUL 23		AIRCRAFT # N2317		MISSION# AFO 001		JOB# 3 HAV 023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT OCRT					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	
1	[REDACTED]	[REDACTED]	KLSV	KLSV	1033	1238	74.9	76.8	1.9	2.3				1	
2					1038	1247									
3															
4															
5															
6															
TOTAL FLIGHT TIME							1.9	2.3	TOTAL LANDINGS		1				
PILOT		FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
								INSTRUMENT PROCEDURES							
ORG		1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT	
MST		✓													
MST		✓													
MST		✓													
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			474.9		353	474.9	253		474.9	253					
TODAY			1.9		1	1.9	1		1.9	1					
TOTAL			476.8		354	476.8	254		476.8	254					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		7/10/23													
TIME		0843													
INITIALS		[Signature]													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS							
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials: [Signature] Date: 7/10/23</p>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						



UF

# AIRCRAFT FLIGHT LOG

No. 20281

DATE 11 July '23		AIRCRAFT # N0317		MISSION # AFO 001		JOB # 3HAV 023		PURPOSE OF FLIGHT OCRT									
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD	INST	LANDINGS		FUEL				
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1			KLSV	KLSV	0735	1149	768	78.8	2.0	2.4				1		99.3	
2					0749	1155				2.5	UF					100 UF	
3																	
4																	
5																	
6										2.5	UF						
TOTAL FLIGHT TIME							HOBBS	BLOCK	TOTAL LANDINGS								
							2.0	2.4	1								
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
		MST	✓							1	LOC	KLSV			1		
		MST	✓														
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			476.8		354	476.8	254		476.8	254							
TODAY			2.0		1	2.0	1		2.0	1							
TOTAL			478.8		355	478.8	255		478.8	255							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		7/11/23															
TIME		0650															
INITIALS		[Signature]															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>CM [Signature] 7/11/23</p> <p>Initials Date</p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

# AIRCRAFT FLIGHT LOG

No. 20282

DATE 19 JUL '23		AIRCRAFT # N2317		MISSION # PFT 001		JOB # SHAV A023		MISSION PIC		PURPOSE OF FLIGHT PILOT TNG					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT
1			KLSV	KLSV	0818	0944	78.8	80.1	13	16		0.4	1		194
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS				
				FLIGHT NUMBER				FLIGHT CREW INSTRUMENT CURRENCY							
AIRCREW MANIFEST		ORG	1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT	
										2		MMH	2	2	
										1		WTJ	1	1	
										1	LOC	KLSV		1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE		#2 ENGINE									
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL						
TO DATE		478.8		355		478.8		255		478.8		255			
TODAY		1.3		1		1.3		1		1.3		1			
TOTAL		480.1		356		480.1		256		480.1		256			
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		19 JULY 23													
TIME		0720													
INITIALS		mj													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS							
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>MMH</u> Date <u>7/18/23</u></p>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						
1	Cabin portable fire Ext. 30 day insp due on 7/13/23							1	C/W Cabin portable fire ext. 30 day insp. Next due on 8/12/23.						
11/2/23 ACU: 478.8								11/2/23 ACU: 478.8							

4A

# AIRCRAFT FLIGHT LOG

PFP 001 JF

No. 20283

DATE <b>8 AUG 13</b>		AIRCRAFT # <b>N2317</b>		MISSION # <b>PFP 001</b>		JOB # <b>3HAY A033</b>		MISSION PIC		PURPOSE OF FLIGHT <b>PILOT PROFKLBY</b>											
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL							
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT						
1			KLSU	MMH	0912	0940	80.1	81.2	2.1	2.5			2.0	1	309						
2						1140	JF			2.6	JF										
3						1145															
4																					
5																					
6										2.6	JF										
TOTAL FLIGHT TIME							2.1	2.5	TOTAL LANDINGS		1										
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY												
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT							
			✓							2	GRV	KNB	2	2							
										2	GRV	KNB	2	2							
										1	ILS	KLSU		1							
REASON FOR LATE TAKEOFF:																					
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE													
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL											
TO DATE			480.1		356	480.1	256		480.1	256											
TODAY			2.1		1	2.1	1		2.1	1											
TOTAL			482.2		357	482.2	257		482.2	256											
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below) 257 JF											
DATE		25 JUL 13		8 AUG 13																	
TIME		0940		0810																	
INITIALS		mj		mj																	
MAINTENANCE OPS CHECKS						MAINTENANCE OPS CHECKS															
						The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials <u>CM</u> Date <u>7/31/23</u>															
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									

AA

# AIRCRAFT FLIGHT LOG

No. 20284

DATE 14 AUG 23		AIRCRAFT # N2317		MISSION# PFT 001		JOB# 3HAY A 023		MISSION PIC		PURPOSE OF FLIGHT PILOT TRAINING					
FL No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM		DAY
1			KLSV	HAD	1218	830	04	832	1.0	1.3				1	240
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS				
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						PILOT		FLIGHT CREW INSTRUMENT CURRENCY				
			1	2	3	4	5	6		NO	TYPE	LOCATION		HOLD	CRS INT
										1		MHM		1	1
										1		MHM		1	1
										1	ILS	KLSV			1
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			482 2		357	482 2	257		482 2	257					
TODAY			10		1	10	1		10	1					
TOTAL			483 2		358	483 2	258		483 2	258					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		14 AUG 23													
TIME		1130													
INITIALS		mj													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS							
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials: <u>CM</u> Date: <u>8/8/23</u></p>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						
1	Cabin portable fire ext. inspection Due.							1	CM Cabin portable fire ext. 30 day inspection. No defect noted.						
	ACFT: 482.2 8/9/23								ACFT: 482.2 8/9/23						

# AIRCRAFT FLIGHT LOG

No. 20285

DATE 15 AUG '13		AIRCRAFT # N2317		MISSION# PFT 001		JOB# 3HAY A 023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT TNL							
Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS	FUEL				
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1	[REDACTED]	[REDACTED]	KLSV	KIGH	0734	1000	83.2	85.0	1.8	22			1.01			37	
2	[REDACTED]	[REDACTED]	KIGH	KLSV	1006	1042	85.0	85.6	6	8			0.31				
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							2.4	BLOCK		3.0	TOTAL LANDINGS		2				
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			PILOT						INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	NO	TYPE	LOCATION	HOLD	CRS	INT			
									1	GPS	PBA			1			
									1	GPS	FGH			1			
									1	ILS	LSV			1			
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			483 2		358	483 2	258		483 2	258							
TODAY			2.4		2	2.4	2		2.4	2							
TOTAL			485.0		360	485.0	260		485.0	260							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		15 AUG '13															
TIME		0655															
INITIALS		[Signature]															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. [Signature] 8/5/13 Initials Date									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					

# AIRCRAFT FLIGHT LOG

No. 20286

DATE 23 AUG 23		AIRCRAFT # N2317		MISSION # PTT 001		JOB # 3HAY A 023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT PROF.						
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1	[REDACTED]	[REDACTED]	KLSV	KFAT	1033	1040	85.6	87.4	1.8	2.2		03	07	1	256	
2	[REDACTED]	[REDACTED]	BFL	KLSV	1045	1245	87.4	89.3	1.9	2.1		01	09	1	247	
3																
4																
5																
6																
TOTAL FLIGHT TIME							3.7	4.3	TOTAL LANDINGS		2					
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			1	2	3	4	5	6	PILOT		INSTRUMENT PROCEDURES		HOLD		CRS INT	
										NO	TYPE	LOCATION				
										1	RNAV	KFAT				1
										1	ILS	KBFL				1
										1	RNAV	KDAB		1		1
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE										
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE		485.6	300	485.6	260.5	485.6	260.5									
TODAY		3.7	2	3.7	2	3.7	2									
TOTAL		489.3	302	489.3	261	489.3	261									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		21 AUG 23		23 AUG 23												
TIME		12:00		0923												
INITIALS		[Signature]		[Signature]												
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
[Signature]								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>CM</u> Date <u>8/16/23</u></p>								
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								
1 Conclude battery Cap Check Due.								1 Performed Cap Check on Conclude battery SIN 70020289. Battery tested at 90% capacity next Due 10 months. Performed 4th CMM 24-30-71								
[REDACTED]								[REDACTED]								
Act: 485.6 8/17/23								Act: 485.4 8/17/23								

# AIRCRAFT FLIGHT LOG

No. 20287

DATE <b>24 AUG '23</b>		AIRCRAFT # <b>N2317</b>		MISSION# <b>PFT 001</b>		JOB# <b>3HAY A 023</b>		PURPOSE OF FLIGHT <b>TAKE OFF P10F</b>								
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD	INST	LANDINGS		FUEL			
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT	
1			KLSV	KPCL	1035	1226	893	906	1.3	2.1			1.01		211	
2			KPCL	KLSV	1057	1330	906	917	1.1	1.3			1.01		178	
3																
4																
5																
6																
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS					
							24		3.4		2					
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			PILOT						INSTRUMENT PROCEDURES							
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT		
									1	LOC	KVCV			1		
									1	RNAV	KVCV			1		
									1	RNAV	KPOC			1		
									1	ILS	KLSV			1		
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE								
					HOURS			CYCLES			OIL					
TO DATE			489.3		362			489.3			261					
TODAY			2.4		2			2.4			2					
TOTAL			491.7		364			491.7			263					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		24 AUG '23														
TIME		0930														
INITIALS		AB														
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>DM</u> Date <u>8/24/23</u></p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						



# AIRCRAFT FLIGHT LOG

No. 20288

DATE <b>30 AUG '23</b>		AIRCRAFT # <b>N2317</b>		MISSION# <b>PPT 001</b>		JOB# <b>3HAY A 023</b>		MISSION PIC <b>[REDACTED]</b>		PURPOSE OF FLIGHT					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM		DAY
1	[REDACTED]	[REDACTED]	KLSV	KPGA	0754	0918	91.7	92.9	1.2	1.4			06	1	207
2	[REDACTED]	[REDACTED]	KPGA	KLSV	0918	1012	92.9	93.7	0.8	1.0			05	1	
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS 2.0	BLOCK 2.9	TOTAL LANDINGS		2				
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			PILOT						INSTRUMENT PROCEDURES						
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT	
									1	GPS	KPGA		1	1	
									1	ILS	KLSV			1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			491.7		364	491.7	263	491.7	263						
TODAY			2.0		2	2.0	1	2.0	1						
TOTAL			493.7		366	493.7	264	493.7	264						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		28 AUG '23		30 AUG '23											
TIME		0720		0718											
INITIALS		my		my											
MAINTENANCE OPS CHECKS							MAINTENANCE OPS CHECKS								
							The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: <u>UM</u> Date: <u>8/28/23</u>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						



# AIRCRAFT FLIGHT LOG

No. 20289

DATE 9/19/23		AIRCRAFT # N2317		MISSION # PFT 001		JOB # 3A12 A023		MISSION #		PURPOSE OF FLIGHT Sic initial														
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL									
	PIC	SIC /	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT								
1			LSV	LSV	0944	1048	3.7	4.7	1.0	1.2				1		207								
2																								
3																								
4																								
5																								
6																								
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS													
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY															
									INSTRUMENT PROCEDURES															
			1	2	3	4	5	6	PILOT		NO	TYPE	LOCATION		HOLD	CRS INT								
REASON FOR LATE TAKEOFF:																								
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE																
					HOURS			CYCLES			OIL			HOURS			CYCLES			OIL				
TO DATE			493.7		366		493.7			264						493.7			264					
TODAY			1.0		1		1.0			1						1.0			1					
TOTAL			494.7		367		494.7			265						494.7			265					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																								
DATE		9/19/23																						
TIME		0800																						
INITIALS		AW																						
MAINTENANCE OPS CHECKS																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <i>[Signature]</i> Date 9/19/23</p> </div> <div style="width: 48%;"> <p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <i>cm</i> Date 9/30/23</p> </div> </div>																								
MAINTENANCE OPS CHECKS																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE</p> <p>1 Cabin Portable Fire bottle Insp. Due.</p> <p>ACFT: 493.7 9/5/23</p> </div> <div style="width: 48%;"> <p>NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE</p> <p>1 Performed 30 Day Portable Cabin extingisher Inspection. No issues noted. Next Due 10/5/2023.</p> <p>ACFT: 493.7 9/5/23</p> </div> </div>																								

# AIRCRAFT FLIGHT LOG

No. 20290

DATE <u>10/11/23</u>		AIRCRAFT # <u>N2317</u>		MISSION# <u>PFT 001</u>		JOB# <u>3HAY A023</u>		MISSION PIC <u>[REDACTED]</u>		PURPOSE OF FLIGHT <u>PILOT PROF</u>						
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1	[REDACTED]	[REDACTED]	LSV	LSV	10:44	12:25	4.7	6.2	1.5	1.9				1		300
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME										1.5	1.9	TOTAL LANDINGS		1		
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT	
[REDACTED]		DOB	1						[REDACTED]			HHH		1	1	
												HHH		1	1	
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE										
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE			494.7	367	494.7	265	494.7	265								
TOTAL			496.2	368	496.2	266	496.2	266								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE	20SEP23	10OCT23	11 OCT 23													
TIME	1045	1235	0900													
INITIALS	my	g	(w)													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>CM</u> Date <u>10/9/2023</u></p>								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>SR</u> Date <u>9/20/23</u></p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	Cabin Portable Firebottle Inspection Due							1	Performed 30 Day Portable Cabin Fire bottle Inspection with no defects noted.							
	[REDACTED] 10/9/2023								[REDACTED] 10/9/2023							
	ACT: 494.7								ACT: 494.7							

# AIRCRAFT FLIGHT LOG

No. 20291

DATE 10/12/23		AIRCRAFT # N2317		MISSION# AFT 002		JOB# 34AV A023		MISSION DTC		PURPOSE OF FLIGHT LUV site tur support							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1			LSV	NV65	0854	0910	96.2	96.5	3	5				1		76	
2			NV65	LSV	0900	0924	96.5	96.8	3	8				1		254	
3					1112	1140				6	4F						
4					1110	1148											
5																	
6											1.1	4F					
TOTAL FLIGHT TIME										6	10	TOTAL LANDINGS		2			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
		NST	✓	✓													
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE										
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE		496.2	368	496.2	2100		496.2	2100									
TODAY		.6	2	.6	2		.6	2									
TOTAL		496.8	370	496.8	2108		496.8	2108									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE		10/12/23															
TIME		0730															
INITIALS		EMR															
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials: <u>CM</u> Date: <u>10/12/23</u></p>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					

# AIRCRAFT FLIGHT LOG

No. 20292

DATE 10/18/2023		AIRCRAFT # N2317		MISSION # AF0002		JOB # 3HAY A073		MISSION SIG		PURPOSE OF FLIGHT OLRT Avid							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1			LSN	LSN	1424	1612	968	98.4	16	19				1			
2					1432	1618											
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.6	1.9	TOTAL LANDINGS		1			
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			PILOT						INSTRUMENT PROCEDURES								
			NO	TYPE	LOCATION				HOLD	CBS INT							
			1	2	3	4	5	6									
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE										
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE				496.8	370	496.8	268	496.8	268								
TOTAL				498.4	371	498.4	269	498.4	269								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE		10/18/23															
TIME		10:23															
INITIALS		[Signature]															
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 10/18/23							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					

# AIRCRAFT FLIGHT LOG

No. 20293

DATE 10/23/23		AIRCRAFT # N2312		MISSION# PFT001		JOB# 3A1RA023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Training							
FL No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1	[REDACTED]		LSV	LSV	11:48	13:24	498.4	499.9	1.5	1.7				1	3	206	
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.5	1.7	TOTAL LANDINGS		1	3		
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			498.4		371	498.4	269		498.4	269							
TODAY			1.5		4	1.5	1		1.5	1							
TOTAL			499.9		375	499.9	270		499.9	270							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		10/23/23															
TIME		09:15															
INITIALS		JL															
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS								
									The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 10/23								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

# AIRCRAFT FLIGHT LOG

No. 20294

DATE 10/24/23		AIRCRAFT # N2317		MISSION# PFT001		JOB# 3AIR A023		PURPOSE OF FLIGHT SIC Training															
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD	INST	LANDINGS		FUEL										
	PIC	SIC / 10	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY	NIGHT							
1	[REDACTED]		LSV	LSV	0836	0948	9.9	11.0	1.1	13				1	+	191							
2			LW	IGM	1136	1236	11.0	11.8	8	1.0				7	1	136							
3			IGM	ITG	1236	1306	11.8	12.2	4	1.0				5	1	209							
4			HSE	LSV	1306	1354	12.2	12.9	7	1.0				6	1								
5																							
6																							
TOTAL FLIGHT TIME							3.0	3.9	TOTAL LANDINGS		4												
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY														
			1 2 3 4 5 6						INSTRUMENT PROCEDURES														
									PILOT		NO TYPE		LOCATION		HOLD		CRS INT						
									[REDACTED]		1 LSV		LSV		1		1						
									[REDACTED]		2 LPV		IGM		-		2						
									[REDACTED]		1 LPV		HSE		-		1						
REASON FOR LATE TAKEOFF:																							
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE															
					HOURS CYCLES OIL			HOURS CYCLES OIL															
TO DATE			499.9 375		499.9 270			499.9 270															
TODAY			3.0 4		3.0 24			3.0 42															
TOTAL			502.9 379		502.9 274			502.9 274															
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																							
DATE		10/24/23																					
TIME		0730																					
INITIALS		mf																					
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS															
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 10/27															
NO		DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO		CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									

# AIRCRAFT FLIGHT LOG

No. 20295

DATE 10/25/23		AIRCRAFT # N2317		MISSION# PFT 001		JOB# 3AIR A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT SIE Training							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1	[REDACTED]	[REDACTED]	LSV	LSV	1224	1348	02.9	5042	13	15				1			
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							1.3		TOTAL LANDINGS		1						
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			PILOT						INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT			
										1	GPS	67L		1	1		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE				#2 ENGINE										
			HOURS	CYCLES		OIL	HOURS	CYCLES		OIL							
TO DATE			502.9	379	502.9	274	272	502.9	274	272							
TOTAL			504.2	380	504.2	275	273	504.2	275	273							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		10/25/23															
TIME		10:30															
INITIALS		JL															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials <u>[Signature]</u> Date <u>10/26/23</u>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							



# AIRCRAFT FLIGHT LOG

No. 20296

DATE 10/30/23		AIRCRAFT # N7317		MISSION# PER 001		JOB# 3A12A083		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Prof						
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1	[REDACTED]	[REDACTED]	KLSV	KIGM	0906	0948	504.2	504.7	5	7			3	1	247	
2	[REDACTED]	[REDACTED]	KIGM	KHEI	0948	1018	504.7	505.0	3	4			2	1		
3	[REDACTED]	[REDACTED]	KHEI	KLSV	1018	1136	505.0	505.8	8	13			9	1		
4	[REDACTED]	[REDACTED]	KLSV	KLSV	1330	1500	505.8	507.2	14	16			1			
5																
6																
TOTAL FLIGHT TIME							3.0	4.0	TOTAL LANDINGS		4					
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			PILOT						INSTRUMENT PROCEDURES							
			1	2	3	4	5	6	NO	TYPE	LOCATION	HOLD	CRS INT			
									1	GPS	IGM	-	1			
									1	GPS	HIE	-	1			
									1	GPS	EED	-	1			
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE									
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			504.2	380	504.2	275	273	504.2	275	273						
TODAY			3.0	4	3.0	2		3.0	2							
TOTAL			507.2	384	507.2	277	275	507.2	277	275						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)						
DATE		30 Oct 23														
TIME		0720														
INITIALS		[Signature]														
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 10/30/23								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						



# AIRCRAFT FLIGHT LOG

No. 20297

DATE	10/31/23	AIRCRAFT #	N2317	MISSION#	PFT001	JOB#	3AIR A023	ASSIGNMENT	Pilot Training						
Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD	INST	LANDINGS		FUEL		
	PIC	SIC (IP)	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT
1			KLSV	KLSV	0854 0900	0930 0936	507.2	507.7	0.5	0.7				52	272
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							0.5	0.7	TOTAL LANDINGS		7				
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			PILOT						INSTRUMENT PROCEDURES						
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			507.2 384		507.2	277	275	507.2	277	275					
TODAY			0.5 7		0.5	1		0.5	1						
TOTAL			507.7 391		507.7	278	276	507.7	278	276					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		10/31/23													
TIME		08:20													
INITIALS		JL													
MAINTENANCE OPS CHECKS							MAINTENANCE OPS CHECKS								
							The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: <u>                    </u> Date: <u>10/30/23</u>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														

# AIRCRAFT FLIGHT LOG

No. 20298

DATE 06 NOV 23		AIRCRAFT # N2317		MISSION # PFP 001		JOB # 3HAV A023		MISSION PIC		PURPOSE OF FLIGHT Pilot Proficiency							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1			LSV	LSV	0900 0906	1018 1030	507.7	00.9	1.2	1.5			1.0	1		331	
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							1.2	1.5	TOTAL LANDINGS			1					
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
										3	ILS	LSV			3		
										2	LOC	LSV			2		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE			507.7	391	507.7	278	276	507.7	278	276							
TODAY			1.2	1	1.2	1		1.2	1								
TOTAL		508.9	392	508.9	277		508.9	277									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		1 NOV 23		11/6/23													
TIME		0850		0650													
INITIALS		MH		DO													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials: MH Date: 10/31/23</p> <p>11/01/23</p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	30 day inspection of portable cabin fire extinguishers due on 11/8/2023.								1	C/W 30 day insp of cabin portable fire extinguishers. Next due on 12/06/2023.							
	ACT: 507.7 11/06/2023									ACT: 507.7 11/06/2023							

# AIRCRAFT FLIGHT LOG

No. 20299

DATE 11/7/23		AIRCRAFT # N2317		MISSION# AF0001		JOB# 3A1RA023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT OCRT							
Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC (IP)	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1	[REDACTED]	[REDACTED]	KLSV	KLSV	0900 0906	1030 1036	508.9	510.3	1.4	1.6				1			
2																	
3	[REDACTED]	[REDACTED]	KLSV	KLSV	1359 1305	1414 1420	510.3	511.4	1.1	1.4				1			
4																	
5																	
6																	
TOTAL FLIGHT TIME										25:30		TOTAL LANDINGS		2			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT			
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE			508.9	392	508.9	277		508.9	277								
TODAY			2.5	2	2.5	2		2.5	2								
TOTAL			511.4	394	511.4	279		511.4	279								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE		11/7/23															
TIME		0645															
INITIALS		JL															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 11/6/23									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

No. 20300

DATE		AIRCRAFT #	MISSION#	JOB#	MISSION PIC	PURPOSE OF FLIGHT											
11/13/23		N2317	PEP001	3A1A A023		Pilot Prof/Light											
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1			L6V	LSV	1730	1818	511.4	511.9	5		0.7				33	97	
2			L6V	LSV	1736	1834	511.9	512.3	4		0.6				3		
3			L6V	LSV	1830	1900	512.3	512.6	3		0.7				33		
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.2	2.2	1.8	TOTAL LANDINGS		15		
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						PILOT	FLIGHT CREW INSTRUMENT CURRENCY							
			1	2	3	4	5	6		INSTRUMENT PROCEDURES							
									NO	TYPE	LOCATION			HOLD	CRS INT		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE										
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE			511.4	394	511.4	279		511.4	279								
TODAY			1.2	15	1.2	1		1.2	1								
TOTAL			512.6	409	512.6	280		512.6	280								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE		11/13/23															
TIME		1610															
INITIALS		MD															
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: <u>MD</u> Date: <u>11/07/23</u> <u>11/13/23</u>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					

# AIRCRAFT FLIGHT LOG

No. 20351

DATE 15 NOV 23		AIRCRAFT # N2317		MISSION# PFP 001		JOB# 3HAY A023		PURPOSE OF FLIGHT PILOT PROFICIENCY														
Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD	INST	LANDINGS		FUEL									
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY	NIGHT						
1			LSV	IGM	0954	1112	512.6	13.4	8	1.3				6	2	151						
2			IGM	LSV	1000	1112	1112	1200	7	9				1								
3																						
4																						
5																						
6																						
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS		4									
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY													
									INSTRUMENT PROCEDURES													
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT							
										1	LPV	KIGM			1							
										2	GPS	KIGM			2							
										1	LOC	KLSV		2	2							
										1	LPV	KIGM			1							
REASON FOR LATE TAKEOFF:																						
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE														
					HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE			512.6		409		512.6			280			512.6			280						
TODAY			1.5		4		1.5			1			1.5			1						
TOTAL			514.1		413		514.1			281			514.1			281						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																						
DATE		11/15/23																				
TIME		0750																				
INITIALS		[Signature]																				
MAINTENANCE OPS CHECKS									The Aircraft Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 11/15/23													
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE									NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE													

# AIRCRAFT FLIGHT LOG

No. 20352

DATE 29 NOV 23		AIRCRAFT # N2317		MISSION# PFP 001		JOB# 3HAV A023		MISSION#		PURPOSE OF FLIGHT Pilot Proficiency					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS	FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY
1			LSV	LSV	1210 1224	1424 1430	14.1	16.2	2.1	2.2		15	3	265	
2														214	
3															
4															
5															
6															
TOTAL FLIGHT TIME							2.1	TOTAL LANDINGS		3					
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			PILOT						INSTRUMENT PROCEDURES						
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD	CRS INT	
											MMN / 67L		4	4	
									3	GPS	67L			3	
									1	ILS	LSV			1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			413		514.1	281		514.1	281						
TODAY			3		2.1	1		2.1	1						
TOTAL			416		516.2	282		516.2	282						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		20 NOV 23		29 NOV 23											
TIME		0840		1030											
INITIALS		JZ		SNR											
MAINTENANCE OPS CHECKS							MAINTENANCE OPS CHECKS								
							<p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>11/27/23</p> <p>11/27/23</p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE						NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

# AIRCRAFT FLIGHT LOG

No. 20353

DATE 11/30/23		AIRCRAFT # N2317		MISSION# PPF001		JOB# 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Proficiency											
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL						
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT					
1	[REDACTED]	[REDACTED]	LSV	IGM	0948	1142	16.2	17.9	1.7	1.8		2	3	1							
2	[REDACTED]	[REDACTED]	IGM	LSV	1142	1218	17.9	18.4	.5	.7		2	3	1							
3																					
4																					
5																					
6																					
TOTAL FLIGHT TIME										9.2	2.5	TOTAL LANDINGS		2							
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY												
			1	2	3	4	5	6	PILOT		INSTRUMENT PROCEDURES		HOLD		CRS INT						
										NO	TYPE	LOCATION		HOLD		CRS INT					
											1	LPV	IGM		—		1				
REASON FOR LATE TAKEOFF:																					
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE														
				HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE		516.2		416		516.2			282			516.2			282						
TODAY		2.8		2		2.8			1			2.8			1						
TOTAL		518.4		418		518.4			283			518.4			283						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																					
DATE																					
TIME																					
INITIALS																					
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS											
										<div style="border: 1px solid black; padding: 5px;"> The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.  Initials: <i>[Signature]</i> Date: 11/29/23 </div>											
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE																				
1	Nicks Found on surface of Left Engine Prop [REDACTED] 11/30/23																				
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE																				
	Repair nicks in accordance with Part 25L Manual Maintenance Publications 6-13 - 11/20/23 Alt: 516.2 [REDACTED]																				




# AIRCRAFT FLIGHT LOG

No. 20354

DATE 12/14/18		AIRCRAFT # N237		MISSION # PTP #61		JOB # 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Prof											
Flt No	FLIGHT CREW		ROUTE		BLOCK		LAND		HOBBS METER		BLOCK/PERIOD		INST		LANDINGS		FUEL				
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT						
1	[REDACTED]	[REDACTED]	LSV	HII	1012	1218	18.4	20.3	1.9	2.2					1		248				
2	[REDACTED]	[REDACTED]	HII	LSV	1342	1524	20.3	21.8	1.5	1.9					1		207				
3																					
4																					
5																					
6																					
TOTAL FLIGHT TIME									3.4	3.9	TOTAL LANDINGS		2								
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY												
			PILOT						INSTRUMENT PROCEDURES												
			1	2	3	4	5	6	NO	TYPE	LOCATION		HOLD		CRS INT						
									1	GPS	KUCV				1						
									1	IPV	KHII				1						
									1	LPV	KAZC				1						
									1	LSV	KLSV				1						
REASON FOR LATE TAKEOFF:																					
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE													
					HOURS			CYCLES			HOURS			CYCLES			OIL				
TO DATE			518.4		418			518.4			283			518.4			283				
TODAY			3.4		2			3.4			2			3.4			2				
TOTAL			521.8		420			521.8			285			521.8			285				
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																					
DATE		12/14/18																			
TIME		0632																			
INITIALS		[Signature]																			
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS												
									The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initialed: [Signature] Date: 12/14/18												
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE									NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE												



No. 20355

DATE 1215123		AIRCRAFT # N7317		MISSION# PPR001		JOB# 3HAW A023		PURPOSE OF FLIGHT Pilot Prof										
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT			
1			LSV	IGM	0918	1012	21.8	22.4	6	1.0				2		207		
2			IGM	LSV	1100	1136	22.4	22.9	5	7				1		208		
3																		
4																		
5																		
6																		
TOTAL FLIGHT TIME									HOBBS		BLOCK		TOTAL LANDINGS					
									1.1				3					
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY									
			1 2 3 4 5 6						INSTRUMENT PROCEDURES									
									PILOT		NO TYPE		LOCATION		HOLD		CRS INT	
									Y		1 LPV		IGM		-		1	
REASON FOR LATE TAKEOFF:																		
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE										
					HOURS CYCLES OIL			HOURS CYCLES OIL										
TO DATE			521.8 420		521.8 285			521.8 285										
TODAY			1.1 3		1.1 2			1.1 2										
TOTAL			522.9 423		522.9 287			522.9 287										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.												(Fill in below)						
DATE		5 DEC 23																
TIME		0752																
INITIALS		MJ																
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS									
									<div style="border: 1px solid black; padding: 5px;"> The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.  <div style="display: flex; justify-content: space-between;"> <div>   Initials </div> <div> 12/5/23  Date </div> </div> </div>									
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE									NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									
1																		

# AIRCRAFT FLIGHT LOG

No. 20356

DATE 12/12/23		AIRCRAFT # N2317		MISSION# AF0 001		JOB# 3A1R A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT UCKT												
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL							
	PIC	SIC / [REDACTED]	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT						
1	[REDACTED]	[REDACTED]	LSV	LSV	0906	1054	22.9	24.6	1.7	1.9				1		260						
2																						
3																						
4																						
5																						
6																						
TOTAL FLIGHT TIME							1.7	1.9	TOTAL LANDINGS			1										
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY													
									INSTRUMENT PROCEDURES													
			1	2	3	4	5	6	PILOT		NO	TYPE	LOCATION		HOLD	CRS INT						
		MST	x																			
		MST	x																			
		MST	x																			
REASON FOR LATE TAKEOFF:																						
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE														
					HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE			522.9		423		522.9			287			522.9			287						
TODAY			1.7		1		1.7			1			1.7			1						
TOTAL			524.6		424		524.6			288			524.6			288						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																						
DATE		12/12/23																				
TIME		0715																				
INITIALS		MT																				
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS												
										The Aircraft Daily Maintenance Check accomplished IAW the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: [Signature] Date: 12/11/2023												
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE										
1	12/07/23 ACTT= 522.9 Landings= 423 Aircraft has been removed from service in order to conduct a tool/FOD inspection.										1	12/07/23 ACTT= 522.9 Landings= 423 Performed FOD and tool inspection IAW Ops Manual Section 8.12.3. No discrepancies found at this time. Aircraft is returned to service as per Chief of Maintenance [Signature]										

No. 20357

DATE 01/08/24		AIRCRAFT # N2317		MISSION# PP001		JOB# 3HANA023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Prof							
Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL	
	PIC	SIC / (IP)	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1	[REDACTED]		LSV	LSV	0830	0954	24.6	25.8	12	1	5			1		150	
2					0842	1006											
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME									HOBS 1.2	BLOCK 1.5		TOTAL LANDINGS		1			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE										
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE			524.6	424	524.6	288	524.6	288									
TODAY			1.2	1	1.2	1	1.2	1									
TOTAL			525.8	425	525.8	289	525.8	289									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE			1/8/24														
TIME			0600														
INITIALS			JL														
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										<div>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Manual; Maintenance Chapter requires [initials] Initials: [initials] Date: 01/08/24</div>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE									NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						

# AIRCRAFT FLIGHT LOG

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No. 20358

DATE 01/18/24		AIRCRAFT # N2317		MISSION# RFP001		JOB# 3HAVA023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Prof							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1	[REDACTED]	[REDACTED]	LSV	TUS	0900	1058	258	275	1720					1		153	
2	[REDACTED]	[REDACTED]	TUS	LSV	1318	1506	275	292	1719					1		104	
3																355	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS 3.4	BLOCK 3.9	TOTAL LANDINGS		2						
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
									[REDACTED]	1	ILS	KLSV			1		
									[REDACTED]	1	GPS	KTUS			1		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE	525.8		425	525.8	289		525.8	289									
TOTAL	529.2		427	529.2	291		529.2	291									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE	01/10/24	01/18/24															
TIME	10:35	07:45															
INITIALS	JL	JL															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								<div style="border: 1px solid black; padding: 5px;"> The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.  Initials: <u>[Signature]</u> Date: <u>01/08/24</u>  <u>01/16/24</u> </div>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	Cabin Portable Fire extinguishers 30 day inspection								1	C/W Cabin portable fire ext. 30 day insp requirements.							
[REDACTED]								[REDACTED]									
525.0 A11 01/18/24								A11: 525.8 01/18/24									

# AIRCRAFT FLIGHT LOG

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No. 20359

DATE 24 JAN 24		AIRCRAFT # N2317		MISSION# AFL 001		JOB# 3 HAV A023		MISSION PIC		PURPOSE OF FLIGHT AIRCRAFT RELOCATION						
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND		HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1			LSV	OKC	0724 0736	1040 1054	29.2	32.4	32.35			2.0		1		380
2																183
3																
4																
5																
6																
TOTAL FLIGHT TIME									3.2	3.5		TOTAL LANDINGS		1		
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			1	2	3	4	5	6	PILOT	NO	TYPE	INSTRUMENT PROCEDURES		LOCATION	HOLD	CRS INT
										1	ILS	OKC				1
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE		#2 ENGINE										
				HOURS		CYCLES		OIL		HOURS		CYCLES		OIL		
TO DATE		529.2		427		529.2		291		529.2		291				
TODAY		3.2		1		3.2		1		3.2		1				
TOTAL		532.4		428		532.4		292		532.4		292				
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		1/24/24														
TIME		0530														
INITIALS		gma														
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
								The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements. Initials: <i>[Signature]</i> Date: 01/18/24 Date: 01/23/24								
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								
1 Aircraft Oxygen at 1000 psi.								1 Serviced Oxygen TO 1800psi.								
ACU: 529.2 01/18/24								ACU: 529.2 01/18/24								

# AIRCRAFT FLIGHT LOG

No. 20360

DATE 25 JAN 24		AIRCRAFT # N2317		MISSION # AFL 001		JOB # 3HAVA023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT AIRCRAFT RELOCATION					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	
1	[REDACTED]	[REDACTED]	OKC	TPA	0630	1142	32.4	37.4	5.0	53		40		1	
2					0636	1148									
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS 5.0	BLOCK 5.3	TOTAL LANDINGS			1			
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			1 2 3 4 5 6						INSTRUMENT PROCEDURES						
			PILOT						NO	TYPE	LOCATION		HOLD	CRS INT	
			[REDACTED]						1	LS	TPA			1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE									
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE		532.4	428	532.4	292		532.4	292							
TODAY		5.0	1	5.0	1		5.0	1							
TOTAL		537.4	429	537.4	293		537.4	293							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		24 JAN 24													
TIME		1200													
INITIALS		[Signature]													
MAINTENANCE OPS CHECKS															
<div style="border: 1px solid black; padding: 5px;"> The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements. </div>															
<div style="display: flex; justify-content: space-between;"> <span>Initials</span> <span>Date</span> </div>															
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														

# AIRCRAFT FLIGHT LOG

No. 20361

DATE 5/14/24		AIRCRAFT # N2317		MISSION# AFL001		JOB# 3HAY A023		MISSION PIC		PURPOSE OF FLIGHT Aircraft Relocation							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL	
	PIC	SC/ IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1			KTPA	KELP	0954	1400	37.4	43.5	6.1	6.5	6.2	07		1		408	
2			KELP	KLV3	1436	1850	43.5	45.6	2.1	2.3	2.4			1		360	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS						
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			537.4		429		537.4	293		537.4	293						
TODAY			8.2		2		8.2	2		8.2	2						
TOTAL			546.6		431		546.6	295		546.6	295						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		5/14/24															
TIME		0751															
INITIALS		WTF															
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS								
									The Aircraft Daily Maintenance Check was accomplished W/A/W the FAA Aviation Maintenance Chapter requirements. Pilot's _____ Date _____								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							



No. 20362

DATE		AIRCRAFT #		MISSION #		JOB#		MISSION PIC		PURPOSE OF FLIGHT																							
6/5/24		N2317		MFO081		3A1R A023		[REDACTED]		Mx OPS Check																							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL																	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT																		
1	[REDACTED]	[REDACTED]	LSV	LSV	0917 0918	0917 0918	45.6	46.0	4	6				1		425																	
2																																	
3																																	
4																																	
5																																	
6																																	
TOTAL FLIGHT TIME							0.4	0.6	TOTAL LANDINGS		1																						
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY																								
			PILOT						INSTRUMENT PROCEDURES																								
			1	2	3	4	5	6		NO	TYPE	LOCATION			HOLD	CRS INT																	
REASON FOR LATE TAKEOFF:																																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE																									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL																							
TO DATE			545.6 431		545.6 295			545.6 295																									
TODAY			.4 1		.4 1			.4 1																									
TOTAL			546.0 432		546.0 296			546.0 296																									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																																	
DATE		6/5/24																															
TIME		0740																															
INITIALS		[Signature]																															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS																									
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations manual, Maintenance Chapter requirements.																									
								Initial: [Signature] Date: 6/4/24																									
NO		DISCREPANCIES / CERTIFICATE # / INITIALS / DATE															NO		CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														
1		Reconfigure aircraft for Photo Mission.															1		Removal flooring + pressure plates over FWD + Aft Camera windows. Installed Adapter Plate in FWD window.														
		[REDACTED]																	[REDACTED]														
		Total: 545.6 5/15/24																	Total: 545.6 5/16/24														



# AIRCRAFT FLIGHT LOG

No. 20363

DATE 6/25/24		AIRCRAFT # N2317		MISSION# AFO 001		JOB# 3A1R A023		MISSION PIC		PURPOSE OF FLIGHT OCRT												
FL No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS	FUEL									
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY	NIGHT						
1			LSV	LSV	1012 1024	1206 1212	46.0	47.7	1.7	2.0				1								
2																						
3																						
4																						
5																						
6																						
TOTAL FLIGHT TIME							1.7	2.0	TOTAL LANDINGS		1											
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY													
			1	2	3	4	5	6	PILOT		NO	TYPE	LOCATION		HOLD	CRS INT						
			1	2	3	4	5	6														
			1	2	3	4	5	6														
			1	2	3	4	5	6														
REASON FOR LATE TAKEOFF:																						
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE														
					HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE			546.0		432		546.0			296			546.0			296						
TODAY			1.7		1		1.7			1			1.7			1						
TOTAL			547.7		433		547.7			297			547.7			297						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																						
DATE		6/6/24		6/11/24		6/15/24																
TIME		08:00		0830		0730																
INITIALS		JL		AW		AW																
MAINTENANCE OPS CHECKS																						
<div style="border: 1px solid black; padding: 5px;"> <p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Initials: <u>MH</u> Date: <u>6/24/24</u></p> <p>Initials: <u>6/24/24</u> Date: <u>6/24/24</u></p> </div>																						
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE																					
1	Air Condition Blowing Warm Air. Reported by Pilots.																					
	ACT: 546.0 6/5/24																					
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE																					
1	Serviced A/C IAW B300 M.M. Ch. 21-51-01.																					
	ACT: 546.0 6/6/24																					

AIRCRAFT APPORTIONMENT  
FISCAL YEAR 2024 / 2025

Assessor ID: 224864

MISSION SUPPORT AND TEST SERVICES LLC

Aircraft Tail Number: 2317  
Serial Number: FL-1192

Make: TEXTRON AVIATION INC  
Model: 0  
Year Built: 2019

Start Date 07/01/2023      Total Overnights 33  
End Date 06/30/2024      Apportionment 9%

<table><tr><th colspan="7">July</th></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" 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colspan="7">October</th></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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**NAC 361.735 Direct appeal: Burden of proof; receipt of evidence. ([NRS 361.375](#))** In any hearing of a direct appeal:

1. The petitioner has the burden of proof.
2. Evidence will ordinarily be received from the parties in the following order:
  - (a) A brief orientation by the county assessor or the county assessor's staff;
  - (b) The petitioner;
  - (c) The respondent;
  - (d) Interveners;
  - (e) Rebuttal by the petitioner; and
  - (f) Rebuttal by the respondent.
3. The Secretary or a person the Secretary has designated shall mark, record and file all exhibits submitted at the hearing.

[St. Bd. of Equalization, Practice Rules 33 & 36, eff. 10-14-77]—(NAC A 1-6-84; R018-97, 12-19-97; R029-05, 6-28-2006)

**NAC 361.1428 Determination whether aircraft has taxable situs in this State. ([NRS 360.090](#), [360.250](#), [361.260](#))**

1. Except as otherwise provided in [NAC 361.143](#) and [361.1432](#), an aircraft has taxable situs in this State if the aircraft has a physical presence in this State that is of a permanent nature sufficient to support a determination that the aircraft has been conferred or afforded opportunities, benefits or protections by this State.

2. The determination of whether an aircraft has taxable situs in this State is a question of fact. In making such a determination, a county assessor must consider the quantity and nature of the physical presence of the aircraft in this State and the intent of the person owning or operating the aircraft in causing the aircraft to have a physical presence in this State.

3. The circumstances under which an aircraft has taxable situs in this State, include, without limitation, the following circumstances:

- (a) The aircraft is used habitually in this State, whether on a regular or irregular basis.
  - (b) The aircraft is habitually kept or maintained in this State or habitually stored in a hangar in this State when not in use.
  - (c) Property taxes have been paid with respect to the aircraft in this State.
- (Added to NAC by Tax Comm'n by R001-20, eff. 1-21-2021)

**NAC 361.1434 Claim by owner that taxable value of aircraft is subject to allocation if aircraft has taxable situs in this State and another state or country. ([NRS 360.090](#), [360.250](#), [361.260](#))**

1. The owner of an aircraft with taxable situs in this State may claim that the taxable value of the aircraft is subject to allocation pursuant to subsection 2 of [NAC 361.1436](#) if the aircraft has taxable situs in this State and in another state or country. The owner of the aircraft has the burden of proving that the aircraft has taxable situs in another state or country.

2. To make a claim pursuant to subsection 1, the owner of the aircraft must submit to the county assessor sufficient information to determine whether the aircraft has taxable situs in this State and in another state or country, including, without limitation:

- (a) Records kept in the normal course of business that indicate the locations to which the aircraft has traveled, the length of time the aircraft remained at those locations and the purpose of the travel to those locations, including, without limitation, mileage, flight or maintenance logs or tie-down receipts;
- (b) Actual tax bills or notices of appraisal or assessment from another jurisdiction; or
- (c) Reports filed with state or federal governmental agencies that indicate the locations to which the aircraft has traveled, the length of time the aircraft remained at those locations and the purpose of the travel to those locations.

3. To determine the taxable situs of an aircraft, a county assessor may request documentation indicating the domicile of the owner of the aircraft if such information is relevant to determining the nature of the physical presence of the aircraft in this State and the intent of the owner in causing the aircraft to have a physical presence in this State. Such documentation may include, without limitation, the owner's:

- (a) Utility bills;
- (b) Vehicle registration;
- (c) Driver's license or identification card;
- (d) Income tax returns; or
- (e) Records of property ownership.

(Added to NAC by Tax Comm'n by R001-20, eff. 1-21-2021)

**NAC 361.1436 Assessment of aircraft with taxable situs in this State; formula for allocating if aircraft has taxable situs in this State and another state or country. ([NRS 360.090](#), [360.250](#), [361.260](#))**

1. If an aircraft has taxable situs in this State, the aircraft must be assessed by the county assessor of the county in which the aircraft is present for the majority of the total amount of the aircraft's ground time in this State during the fiscal year for which the aircraft is being assessed.

2. If an aircraft has taxable situs in this State and in another state or country, the taxable value of the aircraft must be allocated to this State in an amount that fairly reflects the use of the aircraft in this State. The portion of the taxable value of the aircraft allocated to this State must equal the amount determined by multiplying:

- (a) The taxable value of the aircraft; and
- (b) The fraction obtained by dividing the number of overnights spent by the aircraft in this State by the total number of days in the immediately preceding fiscal year.

3. Before allocating the taxable value of an aircraft to this State pursuant to subsection 2, the county assessor must determine the taxable value of the aircraft pursuant to [NAC 361.1345](#) to [361.139](#), inclusive.

4. The entire amount of the taxable value of an aircraft that is allocated to this State must be apportioned to the county in this State in which the aircraft is present for the majority of total amount of the aircraft's ground time in this State during the fiscal year for which the aircraft is being assessed. The aircraft must be assessed by that county for a full fiscal year and, if the aircraft is removed from that county before the end of a fiscal year, the taxes imposed on that aircraft may not be prorated.

(Added to NAC by Tax Comm'n by R001-20, eff. 1-21-2021)

**NRS 361.159 Exempt personal property subject to taxation if used in business conducted for profit; exceptions.**

1. Except as otherwise provided in subsection 3, when personal property, or a portion of personal property, which for any reason is exempt from taxation is leased, loaned or otherwise made available to and used by a natural person, association or corporation in connection with a business conducted for profit, the leasehold interest, possessory interest, beneficial interest or beneficial use of any such lessee or user of the property is subject to taxation to the extent the:

- (a) Portion of the property leased or used; and
- (b) Percentage of time during the fiscal year that the property is leased to the lessee or used by the user, in accordance with [NRS 361.2275](#).

➡ can be segregated and identified. The taxable value of the interest or use must be determined in the manner provided in subsection 3 of [NRS 361.227](#) and in accordance with [NRS 361.2275](#).

2. Taxes must be assessed to lessees or users of exempt personal property and collected in the same manner as taxes assessed to owners of other personal property, except that taxes due under this section do not become a lien against the personal property. When due, the taxes constitute a debt due from the lessee or user to the county for which the taxes were assessed and, if unpaid, are recoverable by the county in the proper court of the county.

3. The provisions of this section do not apply to personal property:

(a) Used in vending stands operated by persons who are blind under the auspices of the Bureau of Services to Persons Who Are Blind or Visually Impaired of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation.

(b) Owned by a public airport and used for the purposes of the public airport.

(Added to NRS by [1965, 1157](#); A [1971, 659](#); [1973, 1406](#); [1977, 1098](#); [1987, 293](#); [1993, 1575](#), [2311](#); [1995, 579](#), [1809](#); [1997, 1173](#); [2001, 841](#), [1546](#); [2003, 53](#))

**NRS 361.2275 Determination of status of property as leased or used.**

1. For purposes of [NRS 361.157](#), [361.159](#) and [361.227](#), except as otherwise provided in subsection 2, property is leased or used by a natural person or entity at all times the natural person or entity has possession of, claim to or right to the possession of the property that is independent, durable and exclusive of rights held by others in the property, other than the rights held by the owner.

2. Property is not leased or used by a natural person or entity who possesses or occupies the property solely for the purpose of holding the property for another natural person or entity.

3. As used in this section:

(a) “Durable” means for a determinable period with a reasonable certainty that the use, possession or claim with respect to the property will continue for that period.

(b) “Exclusive” means the enjoyment of a beneficial use of property, together with the ability to exclude from occupancy persons or entities other than the owner who may interfere with that enjoyment.

(c) “Independent” means the ability to exercise authority and exert control over the management or operation of the property pursuant to the terms and provisions of the contract with the owner. A possession or use is independent if the possession or use of the property is sufficiently autonomous under the terms and provisions of the contract with the owner to constitute more than a mere agency.

(Added to NRS by [2001, 839](#))

**NRS 361.157 Exempt real estate subject to taxation if used as residence or in business conducted for profit; exceptions.**

1. When any real estate or portion of real estate which for any reason is exempt from taxation is leased, loaned or otherwise made available to and used by a natural person, association, partnership or corporation in connection with a business conducted for profit or as a residence, or both, the leasehold interest, possessory interest, beneficial interest or beneficial use of the lessee or user of the property is subject to taxation to the extent the:

(a) Portion of the property leased or used; and

(b) Percentage of time during the fiscal year that the property is leased by the lessee or used by the user, in accordance with [NRS 361.2275](#),

if it can be segregated and identified. The taxable value of the interest or use must be determined in the manner provided in subsection 3 of [NRS 361.227](#) and in accordance with [NRS 361.2275](#).

2. Subsection 1 does not apply to:

(a) Property located upon a public airport, park, market or fairground, or any property owned by a public airport, unless the property owned by the public airport is not located upon the public airport and the property is leased, loaned or otherwise made available for purposes other than for the purposes of a public airport, including, without limitation, residential, commercial or industrial purposes;

(b) Federal property for which payments are made in lieu of taxes in amounts equivalent to taxes which might otherwise be lawfully assessed;

(c) Property of any state-supported educational institution, except any part of such property located within a tax increment area created pursuant to [NRS 278C.155](#);

(d) Property leased or otherwise made available to and used by a natural person, private association, private corporation, municipal corporation, quasi-municipal corporation or a political subdivision under the provisions of the Taylor Grazing Act or by the United States Forest Service or the Bureau of Reclamation of the United States Department of the Interior;

(e) Property of any Indian or of any Indian tribe, band or community which is held in trust by the United States or subject to a restriction against alienation by the United States;

(f) Vending stand locations and facilities operated by persons who are blind under the auspices of the Bureau of Services to Persons Who Are Blind or Visually Impaired of the

Rehabilitation Division of the Department of Employment, Training and Rehabilitation, whether or not the property is owned by the federal, state or a local government;

(g) Leases held by a natural person, corporation, association, municipal corporation, quasi-municipal corporation or political subdivision for development of geothermal resources, but only for resources which have not been put into commercial production;

(h) The use of exempt property that is leased, loaned or made available to a public officer or employee, incident to or in the course of public employment;

(i) A parsonage owned by a recognized religious society or corporation when used exclusively as a parsonage;

(j) Property owned by a charitable or religious organization all, or a portion, of which is made available to and is used as a residence by a natural person in connection with carrying out the activities of the organization;

(k) Property owned by a governmental entity and used to provide shelter at a reduced rate to elderly persons or persons having low incomes;

(l) The occasional rental of meeting rooms or similar facilities for periods of less than 30 consecutive days;

(m) The use of exempt property to provide day care for children if the day care is provided by a nonprofit organization; or

(n) Any lease, easement, operating agreement, license, permit or right of entry for any exempt state property granted by the Department or the Regional Transportation Commission of Southern Nevada pursuant to section 45 of the Boulder City Bypass Toll Road Demonstration Project Act.

3. Taxes must be assessed to lessees or users of exempt real estate and collected in the same manner as taxes assessed to owners of other real estate, except that taxes due under this section do not become a lien against the property. When due, the taxes constitute a debt due from the lessee or user to the county for which the taxes were assessed and, if unpaid, are recoverable by the county in the proper court of the county.

**(Added to NRS by [1965, 1157](#); [A 1967, 154, 1224](#); [1971, 658](#); [1973, 1406](#); [1977, 1097](#); [1979, 218](#); [1987, 292](#); [1989, 383](#); [1991, 2095](#); [1993, 1574, 2310](#); [1995, 579, 1807](#); [1997, 1172, 1570](#); [1999, 429, 2771](#); [2001, 840](#); [2007, 2464](#); [2011, 2917](#); [2013, 3115](#))**

**NRS 361.159 Exempt personal property subject to taxation if used in business conducted for profit; exceptions.**

1. Except as otherwise provided in subsection 3, when personal property, or a portion of personal property, which for any reason is exempt from taxation is leased, loaned or otherwise made available to and used by a natural person, association or corporation in connection with a business conducted for profit, the leasehold interest, possessory interest, beneficial interest or beneficial use of any such lessee or user of the property is subject to taxation to the extent the:

(a) Portion of the property leased or used; and

(b) Percentage of time during the fiscal year that the property is leased to the lessee or used by the user, in accordance with [NRS 361.2275](#),

if it can be segregated and identified. The taxable value of the interest or use must be determined in the manner provided in subsection 3 of [NRS 361.227](#) and in accordance with [NRS 361.2275](#).

2. Taxes must be assessed to lessees or users of exempt personal property and collected in the same manner as taxes assessed to owners of other personal property, except that taxes due under this section do not become a lien against the personal property. When due, the taxes constitute a debt due from the lessee or user to the county for which the taxes were assessed and, if unpaid, are recoverable by the county in the proper court of the county.

3. The provisions of this section do not apply to personal property:

(a) Used in vending stands operated by persons who are blind under the auspices of the Bureau of Services to Persons Who Are Blind or Visually Impaired of the Rehabilitation Division of the Department of Employment, Training and Rehabilitation.

(b) Owned by a public airport and used for the purposes of the public airport.

**(Added to NRS by [1965, 1157](#); [A 1971, 659](#); [1973, 1406](#); [1977, 1098](#); [1987, 293](#); [1993, 1575, 2311](#); [1995, 579, 1809](#); [1997, 1173](#); [2001, 841, 1546](#); [2003, 53](#))**



**NRS 361.2275 Determination of status of property as leased or used.**

1. For purposes of [NRS 361.157](#), [361.159](#) and [361.227](#), except as otherwise provided in subsection 2, property is leased or used by a natural person or entity at all times the natural person or entity has possession of, claim to or right to the possession of the property that is independent, durable and exclusive of rights held by others in the property, other than the rights held by the owner.

2. Property is not leased or used by a natural person or entity who possesses or occupies the property solely for the purpose of holding the property for another natural person or entity.

3. As used in this section:

(a) “Durable” means for a determinable period with a reasonable certainty that the use, possession or claim with respect to the property will continue for that period.

(b) “Exclusive” means the enjoyment of a beneficial use of property, together with the ability to exclude from occupancy persons or entities other than the owner who may interfere with that enjoyment.

(c) “Independent” means the ability to exercise authority and exert control over the management or operation of the property pursuant to the terms and provisions of the contract with the owner. A possession or use is independent if the possession or use of the property is sufficiently autonomous under the terms and provisions of the contract with the owner to constitute more than a mere agency.

(Added to NRS by [2001, 839](#))

## Elizabeth Hubsky

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**From:** Joshua J. Hicks <jhicks@mcdonaldcarano.com>  
**Sent:** Thursday, August 21, 2025 2:15 PM  
**To:** Elizabeth Hubsky  
**Cc:** David Denman  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Thanks Elizabeth.

My client is agreeable to the adjustments in cases 158 and 160. Will you please send over stipulations.

With respect to case 159, which was reduced to zero, we will withdraw that appeal. Is there a specific form for that or is letting you know sufficient?

**Joshua J. Hicks** | Partner



P: 775.788.2000 | E: jhicks@mcdonaldcarano.com

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**From:** Elizabeth Hubsky <elca@ClarkCountyNV.gov>  
**Sent:** Wednesday, August 13, 2025 10:45 AM  
**To:** Joshua J. Hicks <jhicks@mcdonaldcarano.com>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Here are the apportionment calendars based on Days of Use.

Sincerely,

**Elizabeth Hubsky**  
*Property Appraiser*



**togetherforbetter**

Assessor's Office  
500 S. Grand Central Pkwy, 2nd Floor | Las Vegas, NV 89155

Email: [elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)

Direct: 702.455.2485 | Office: 702.455.4997

[ClarkCountyNV.gov](http://ClarkCountyNV.gov)



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**From:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>  
**Sent:** Wednesday, August 13, 2025 9:23 AM  
**To:** Elizabeth Hubskey <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>  
**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Thanks Elizabeth. Would you mind confirming the math behind the 91% and 92%?

**Joshua J. Hicks** | Partner



P: 775.788.2000 | E: [jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)

---

**From:** Elizabeth Hubskey <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>  
**Sent:** Monday, August 11, 2025 3:04 PM  
**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>  
**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Please disregard my previous email of July 16, 2025. Upon reviewing the aircraft history in our billing system, the answers to your questions highlighted below in yellow are as follows:

For State BOE Cases #158 and #160

**1. Why the initial tax amounts are listed as outside the cap:**

The correct methodology for applying the apportionment of aircraft is to apportion the taxes due, not to apportion the taxable value. However, the fiscal year 2023/2024 stipulation letters apportioned the value rather than the taxes due. This caused fiscal year 2024/2025's assessment to appear as "value outside the CAP". The taxable value, as well as the total taxes due for fiscal year 2024/2025, are correct as no tax CAP abatement is warranted and the apportionment was calculated based on the contract MSTs has with the government (days used), as opposed to what the regulation requires (overnights in Nevada).

**2. How the adjusted tax amount was calculated:**

An adjustment, or apportionment, was made to the taxes of \$87,571.62 on each aircraft based on the *Days of Use (per the contract MSTs has with the government)*. One aircraft was reduced by 91%, the other 92%.

**3. How the tax cap was applied:**

The apportionment only affects the amount of taxes paid after the tax abatement CAP has been taken into consideration. In these instances, the taxes that would have been paid prior to the apportionment were less than the capped taxes prior to the apportionment from the prior year.

**4. Were the % reductions above for out of state nights consistent with what Clark County determined:**

No, the apportionment, or % reductions, were calculated on *Days of Use (per the contract MSTs has with the government)*, not Total Overnights in the county, the same method used in stipulating the 2023-24 values.

Sincerely,

**Elizabeth Hubsy**

*Property Appraiser*



**togetherforbetter**

Assessor's Office

500 S. Grand Central Pkwy, 2nd Floor | Las Vegas, NV 89155

Email: [elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)

Direct: 702.455.2485 | Office: 702.455.4997

[ClarkCountyNV.gov](http://ClarkCountyNV.gov)



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**From:** Elizabeth Hubsy

**Sent:** Wednesday, July 16, 2025 2:35 PM

**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>

**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>

**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

- There was an error on our part regarding the aircraft being shown as new, or outside the tax cap. We will correct the account to fix the error.
- No tax cap was applied because the aircraft was inadvertently being taxed as new.
- The adjustment is determined by the number of days used, following the same method we implemented last year.

I've put in a request to start the correction and will update when accomplished.

Sincerely,

**Elizabeth Hubsy**

---

**From:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>

**Sent:** Monday, July 14, 2025 3:54 PM

**To:** Elizabeth Hubsky <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>

**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>

**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Thanks Elizabeth. I've attached the tax bills for N-2319 and N-2317. The assessed value of each aircraft is \$2,985,939.

The tax on that assessed value should be \$87,571.62. That amount is listed on the bills as outside the cap. There are adjustments to that number - \$79,690.16 (or 91%) for N-2317 and \$80,565.88 for N-2319 (92%). Those don't seem to tie into the cap. Also, the flight logs for N-2319 indicate it was out of Nevada from August 6, 2023, to September 28, 2023, from October 2, 2023, to January 18, 2024, and from June 26, 2024, through June 30, 2024, for a total of 164 days – or 45% of the year. The flight logs for N-2317 indicate it left Nevada on January 24, 2024, and did not return until May 14, 2024 for a total of 111 days – 30% of the year.

If you don't mind it would be helpful to get some further explanation on why the initial tax amounts are listed as outside the cap, how the adjusted tax amount was calculated, how the tax cap was applied, and whether the % reductions above for out of state nights is consistent with what you determined.

**Joshua J. Hicks** | Partner



P: 775.788.2000 | E: [jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)

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**From:** Elizabeth Hubsky <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>

**Sent:** Thursday, July 10, 2025 3:58 PM

**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>

**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>

**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Yes, I'm in receipt of the flight logs.

I based the valuation on days of use in Clark County by MSTs, same as last year.

As for Acct #230324, the account has been reduced to Zero; there's nothing to Stipulate so the appropriate action would be to Withdraw the appeal.

Sincerely,

**Elizabeth Hubsky**

---

**From:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>  
**Sent:** Thursday, July 10, 2025 3:25 PM  
**To:** Elizabeth Hubsky <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>  
**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Elizabeth,

Do you have the flight logs for the three aircraft under appeal? Our client states that they have been forwarded. If you don't have them, I'll send them over. If you do have them, did you make a reduction based on nights when the aircraft were out of Nevada?

Based on our review of the flight logs, it appears a reduction for out of state nights is appropriate for Aircraft N-2317 (Account 224864; Case 25-158) and Aircraft N-2319 (Account 224863; Case 25-160).

With respect to Aircraft N-2314 (Account 230324; Case 25-159), I understand that the taxable value has been reduced to zero per an email you sent to Arlene at Mission Support. Is that correct? If so, does it make sense to resolve that appeal by doing a stipulation?

Thanks,

Josh

**Joshua J. Hicks** | Partner



P: 775.788.2000 | E: [jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)

---

**From:** Elizabeth Hubsky <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>  
**Sent:** Monday, July 7, 2025 3:19 PM  
**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>  
**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Thank you for the update.

---

**From:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>  
**Sent:** Monday, July 7, 2025 9:50 AM  
**To:** Elizabeth Hubsky <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>  
**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>  
**Subject:** RE: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Elizabeth,

We are awaiting the flight logs from our client, I hope to have that today. I think we may also be dropping one of the appeals – stand by and I'll have more info for you this week.

Josh

**Joshua J. Hicks** | Partner



**P:** 775.788.2000 | **E:** [jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)

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**From:** Elizabeth Hubsby <[elca@ClarkCountyNV.gov](mailto:elca@ClarkCountyNV.gov)>

**Sent:** Monday, July 7, 2025 7:59 AM

**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>

**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>

**Subject:** FW: MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

Good Morning Mr. Hicks,

Just checking in. Is there any information you'd like to provide for these cases?

EH

---

**From:** Elizabeth Hubsby

**Sent:** Thursday, June 26, 2025 2:02 PM

**To:** Joshua J. Hicks <[jhicks@mcdonaldcarano.com](mailto:jhicks@mcdonaldcarano.com)>

**Cc:** David Denman <[jde@ClarkCountyNV.gov](mailto:jde@ClarkCountyNV.gov)>; Amy Mills <[aha@ClarkCountyNV.gov](mailto:aha@ClarkCountyNV.gov)>; Vincent Kelly <[vmk@ClarkCountyNV.gov](mailto:vmk@ClarkCountyNV.gov)>

**Subject:** MISSION SUPPORT AND TEST SERVICES LLC State BOE Appeals #158, #159, #160

I've been assigned these State BOE cases. The type of appeal checked was that the appeal could not be heard at the County Board Of Equalization with no additional information provided. Specifically, what issues do you have?

I'll be happy to review any documentation pertaining to these cases.

Sincerely,

**Elizabeth Hubsby**

*Property Appraiser*



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Assessor's Office

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