

Nevada State Board of Equalization

Taxpayer Petition for DIRECT Appeal

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

Email completed form to: 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
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2. Enter Applicable APN or Account Number from assessment notice or taxbill:

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:

25-160

SBE 1

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

Mission Support and Test Services, LLC
Personal Account 224863
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 224863 for a possessory interest in an aircraft (N-2319). Tax Bill #154225 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 \$7,005.74.

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.

UNSECURED PROPERTY TAX BILL - AIRCRAFT

Clark County

Briana Johnson, Clark County Assessor

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

www.ClarkCountyNV.gov/Assessor

Bill No.: 1541225

Date: 04/23/2025

Phone: (702) 455-3882

togetherforbetter

Fiscal Year	Account	Tax District	Tax Rate	Property Location and Description
2024/2025	224863	340	2.9328	1000 N HOLLYWOOD BLVD LAS VEGAS
Assessed Valuation				2019 TEXTRON AVIATION INC B300 N# 2319 Ser# FL-1190
Property Value			2,985,939	
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
*Abatement Applied Limits Increase To 8.00%	
Net Ad Valorem Tax	0.00
New Property Value Outside CAP	87,571.62
Adjusted Tax Amount	-80,565.88
Exemption Amount	0.00
Recapture Amount	0.00
Net Tax Amount	7,005.74
Penalties	0.00
Miscellaneous Fees	0.00
Veteran's Home Donation	0.00
Total Amount Billed	7,005.74
Less Payments Applied	0.00
Balance Remaining	7,005.74
Prior Year Delinquencies	0.00
Total Balance Owning	\$7,005.74

Detail of Amount Due		
Description	Total Due	Minimum Due
Tax Year 2024/2025	7,005.74	7,005.74
Total	7,005.74	7,005.74

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	119.44
Clark County Family Court	0.0192	45.86
Clark County Fire Service District	0.2197	524.81
Clark County General Operating	0.4599	1,098.59
County School Debt (Bonds)	0.5534	1,321.94
State Education	0.7500	1,791.56
Indigent Accident Fund	0.0150	35.83
LV/Clark County Library	0.0942	225.02
LVMPD Emergency 911	0.0050	11.94
LVMPD Manpower Supplement County	0.2800	668.85
Medical Asst to Indigent Persons	0.1000	238.88
State Cooperative Extension	0.0100	23.89
State of Nevada	0.1700	406.09
Sunrise Manor Town	0.2064	493.04
Totals	2.9328	7,005.74

Payment Installment(s)		
Description	Due Date	Amount Due
Installment 1	05/23/2025	7,005.74
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: 224863

Tax District:	340
Tax Amount:	\$7,005.74
Penalty:	\$0.00
Misc. Fee:	\$0.00

Minimum Due:	\$7,005.74
To Pay In Full:	\$7,005.74

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# 2319 Ser# FL-1
Location: 1000 N HOLLYWOOD BLVD

2025224863000000000010000007005740000007005746



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 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](#)

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](#)

PERSONAL AND CONFIDENTIAL: This message originates from the law firm of McDonald Carano LLP. This message and any file(s) or attachment(s) transmitted with it are confidential, intended only for the named recipient, and may contain information that is a trade secret, proprietary, protected by the attorney work product doctrine, subject to the attorney-client privilege, or is otherwise protected against unauthorized use or disclosure. This message and any file(s) or attachment(s) transmitted with it are transmitted based on a reasonable expectation of privacy consistent with ABA Formal Opinion No. 99-413. Any disclosure, distribution, copying, or use of this information by anyone other than the intended recipient, regardless of address or routing, is strictly prohibited. If you receive this message in error, please advise the sender by immediate reply and delete the original message. Personal messages express only the view of the sender and are not attributable to McDonald Carano LLP.

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

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

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: 25-160

Parcel No: Acct #224863

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.

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.

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 today.

 X 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. 2nd Floor, Las Vegas, NV 89155
Office: 702-455-4997 | 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). 25-160
Assessor ID 224863

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:

Fiscal Year:	2024-2025
Personal Property	\$8,531,254
Apportionment Adj %	8.0%

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 Hubsky
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 # 25-160
Assessor Information



Clark County Assessor Case Summary

Unsecured Roll - Personal Property

Direct Appeal to State

Case #: 160

Appraiser: Elizabeth Hubsy

Year Subject To Appeal: 2024/2025

Appeal Issue: Valuation

Assessor Account: 224863

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 %: 8

Notes

This appeal pertains to a Textron B300 Aircraft, Tail N2319, acquired in 2020 at an Acquisition Cost of \$10,682,762. The Taxable Value was \$8,531,254. An Apportionment Adjustment Percentage of 8% 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. 2nd Floor, Las Vegas, NV 89155
Office: 702-455-4997 | 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). 25-160
Assessor ID 224863

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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



together**for** better

BRIANA JOHNSON, CLARK COUNTY ASSESSOR

500 S. Grand Central Pkwy. 2nd Floor, Las Vegas, NV 89155
Office: 702-455-4997 | 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). 25-160
Assessor ID 224863

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:

Fiscal Year:	2024-2025
Personal Property	\$8,531,254
Apportionment Adj %	8.0%

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

No. 20253

DATE	7/18/23	AIRCRAFT #	N 2319	MISSION#	PFT 001	JOB#	3A2E 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	NIGHT		
1			L5V	L5V	0830	0942	0830	0942	043.2	044.3	1.1	1.3			1		
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.1	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		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			243.2		102		243.2	130	243.2	130							
TODAY			1.1		1		1.1	1	1.1	1							
TOTAL			244.3		103		244.3	139	244.3	139							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		7/18/23															
TIME		0700															
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] 6/27/23 Date 7/17/23									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE																
1	Removed Rear Emergency Light sign Assembly for use on N2317. P/N 101-364798-6053.																
	[REDACTED]																
	[REDACTED]																
	[REDACTED]																
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE																
1	Installed Required Emergency Light Assy P/N 101-364798-6053 S/N 22-CSR-075 P/N Black Conf mm Serial 3350-00. Ops checked good. No defects noted.																
	[REDACTED]																
	[REDACTED]																
	[REDACTED]																

AIRCRAFT FLIGHT LOG

No. 20254

DATE 07/27/23		AIRCRAFT # N2519		MISSION# WFO 013		JOB#		MISSION PIC		PURPOSE OF FLIGHT							
Flt No	FLIGHT CREW		ROUTE		BLOCK	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	1056 1045	1048 1026	44	3	45.3	1.0	1.5			1		270	
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.0	1.5	TOTAL LANDINGS		1			
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT		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			244.3		183	244.3	139		244.3	139							
TODAY			1.0		1	1.0	1		1.0	1							
TOTAL			245.3		184	245.3	140		245.3	140							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below):																	
DATE		07/27/23															
TIME		0820															
INITIALS		GMR															
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>[Signature]</u> Date: <u>7/26/23</u></p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	Removal upper tail cone Assy to F.O.V.								1	Re-installed upper tail cone Assy, IAW 15mm air mesh Section 33-40-01. Performed ops check of elements and boulder with no obscure rotol.							
	Acct: 244.3 7/18/23									Acct: 244.3 7/26/23							

AIRCRAFT FLIGHT LOG

No. 20255

WFO D13 JF

DATE	3 AUG '23	AIRCRAFT #	N2319	MISSION#	WFO 008												
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	1015	1225	45.3	46.9	1.6	2.2					1		149
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS	BLOCK	TOTAL LANDINGS								
							1.6	2.2	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		
		HSTS															
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE		245.3	184	245.3	140	245.3	140										
TODAY		1.6	1	1.6	1	1.6	1										
TOTAL		246.9	185	246.9	141	246.9	141										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE	7/31/23	3 AUG '23															
TIME	0845	0800															
INITIALS																	
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 <i>CM</i> Date 7/31/23</p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20256

DATE	8/4/23	AIRCRAFT #	N2319	MISSION#	PPT 001	JOB#	3HAY A023	MISSION PIC	[REDACTED]	PURPOSE OF FLIGHT	SIC upgrade				
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL
	PIC	SIC / P	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	
1	[REDACTED]	[REDACTED]	LSJ	UGT	0930	1012	46.9	47.5	0.6	0.8				1	
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							6.6	6.7	TOTAL LANDINGS		1				
AIRCREW 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			246.9		185	246.9	141	246.9	141						
TODAY			0.8		1	0.8	1	0.8	1						
TOTAL			247.7		186	247.7	142	247.7	142						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		8/4/23													
TIME		0830													
INITIALS		MT													
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>MT</u> Date: <u>8/3/23</u></p>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														
1	Remove optics gear, install pressure plate and adjust WTB.														
	[REDACTED]														
	ACFT: 246.9 8/3/23														
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														
1	Removed optics gear. Installed FWD + AFT pressure plates. Adjusted WTB.														
	[REDACTED]														
	ACFT: 246.9 8/3/23														

AIRCRAFT FLIGHT LOG

No. 20257

DATE 8/6/23		AIRCRAFT # N2319		MISSION# MFF001		JOB# 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT maint. repair.					
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]		UGT	JKA	0642	1236	7.5	3.0	5.5	6.0		3.0		1	
2	[REDACTED]		JKA	TPA	1818	1946	3.0	4.4	1.4	1.6		0.9		1	
3															
4															
5															
6															
TOTAL FLIGHT TIME										7.9	7.6	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	JKA		-	1	
									1	GPS	TPA		-	1	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			186		247.7	142		247.7	142						
TODAY			2		6.9	2		6.9	2						
TOTAL			188		255.3	144		255.3	144						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE		8/6/23													
TIME		0530													
INITIALS		me													
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 _____ Date _____</p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE					NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								

AIRCRAFT FLIGHT LOG

No. 20258

DATE 28 SEP 23		AIRCRAFT # N2319		MISSION#		JOB# 3HAY-A023		MISSION P/C		PURPOSE OF FLIGHT MAINTENANCE RELOCATION																					
FILE NO	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL																
	PIC	SIC / V	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT															
1			TPA	ELP	1145	1710	44	59	6	5.2	55			03	1	30.5															
2			ELP	LSV	1815	2040	59	61	9	2.3	25			03	1	?															
3																															
4																															
5																															
6																															
TOTAL FLIGHT TIME										75	86	TOTAL LANDINGS																			
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						PILOT	FLIGHT CREW INSTRUMENT CURRENCY																					
			1	2	3	4	5	6		NO	TYPE	LOCATION	HOLD	CRS INT																	
										1	GPS	ELP				✓															
										1	ZLS	LSV																			
REASON FOR LATE TAKEOFF:																															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE																									
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL																							
TO DATE			254.8	188	254.8	144	254.8	144																							
TOTAL			2.1	190	146	146																									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)																					
DATE		27 SEP 23																													
TIME		1100 HRS																													
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] 28 SEP 23 Initials Date																						
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE															NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														

AIRCRAFT FLIGHT LOG

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

No. 20259

DATE		AIRCRAFT #	MISSION#	JOB#	MISSION PIC	PURPOSE OF FLIGHT											
300523		NL319	AFL-001	3HAY-A023		AIRCRAFT RELOCATION											
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			L5V	ADW	0145	1435	619	084	65	70			2.0	03	1	470	
2					0805	1440											
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										TOTAL LANDINGS							
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	ILS	ADW					✓
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE										
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE			2609	190	2609	146		2609	146								
TODAY			65	1	65	1		65	1								
TOTAL			2684	191	2684	147		2684	147								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.											(Fill in below)						
DATE		300523															
TIME		0630															
INITIALS		LM															
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>LM</u> Date: <u>10/2/23</u>							
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1 Install AMS Mission Equipment										2 AMS Mission Equipment Data (Calibration weight and balance as necessary)							
300523										300523							
300523										300523							

AIRCRAFT FLIGHT LOG

No. 20260

DATE 26 OCT 23		AIRCRAFT # N2319		MISSION# PEP-001		JOB# 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT PRD						
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]		ADW	GSP	0935	1120	684	700	16	19			031			359
2	[REDACTED]		GSP	ADW	1310	1450	70.0	71.7	1.7	2.0			031			422
3																
4																
5																
6																
TOTAL FLIGHT TIME							33	39		TOTAL LANDINGS		2				
AIRCRAFT 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	PRAY	GSP			✓	
									[REDACTED]	1	ILS	ADW			✓	
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE								
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL						
TO DATE			268 4		191		268 4	147		268 4	147					
TODAY			3.3		2		3.3	2		3.3	2					
TOTAL			271.7		193		271.7	149		271.7	149					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		25 OCT 23														
TIME		0800														
INITIALS		AA														
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. FSA 10/5/23 Initials Date								
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								
								The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. FSA 10-25-23 Initials Date								

AIRCRAFT FLIGHT LOG

No. 20261

DATE 31 OCT 23		AIRCRAFT # N2319		MISSION # AFO-001		JOB # 3HAY-A023		MISSION REC [REDACTED]		PURPOSE OF FLIGHT OCCT							
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	SIC / UP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1	[REDACTED]	[REDACTED]	ADW	ADW	1030	1350	717	747	3035				03	1		293	
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME									HOBBS 30	BLOCK 3.5	TOTAL LANDINGS		1				
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			PILOT	INSTRUMENT PROCEDURES													
				NO	TYPE	LOCATION				HOLD	CRS INT						
			1	ILS	ADW												
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE	271.7		193	271.7	149		271.7	149									
TOTAL	274.7		194	274.7	150		274.7	150									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below).																	
DATE	31 OCT 23																
TIME	0830																
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. FSA Initials Date 10-24-23									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
	Aft emergency light is On with Aircraft Power On.									Removed aft Emergency Exit light and Replaced with Aft Emergency Exit light. Removed from A12316 Ops Check sheet.							
	[REDACTED] 10/31/23									[REDACTED] 10/31/2023 APT 271.7							

AIRCRAFT FLIGHT LOG

No. 20262

DATE 7 Nov 23		AIRCRAFT # N2319		MISSION# PKP-001		JOB# 3NAV-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 / P	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1	[REDACTED]	[REDACTED]	ADW	GSP	0930	1125	74.7	764	1.7	2.0			03	1		418	
2	[REDACTED]	[REDACTED]	GSP	ADW	0945	1130	764	780	16	19			03	1			
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							33	BLOCK		3.9	TOTAL LANDINGS						
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			PILOT	NO	TYPE	LOCATION		HOLD	CRS INT								
			1	2	3	4	5	6	[REDACTED]	1	ILS	GSP				✓	
									[REDACTED]	1	ILS	ADW				✓	
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE	274.7		194	274.7	150		274.7	150									
TOTAL	278.0		196	278.0	152		278.0	152									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE	07 Nov 23																
TIME	0830																
INITIALS	JBF																
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>SP</u> Date: <u>Nov 1</u>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
										The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. Initials: <u>SD</u> Date: <u>Nov 2</u>							

AIRCRAFT FLIGHT LOG

No. 20263

DATE 14 Nov 23		AIRCRAFT # N2319		MISSION# AFO-001		JOB# 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT OCRT							
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]	ADW	ADW	1305	1506	78.0	79.7	1.7	2.1			0.3	1			
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.7	2.1	TOTAL LANDINGS		1			
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			PILOT						INSTRUMENT PROCEDURES								
			NO	TYPE	LOCATION		HOLD	CRS INT									
[REDACTED]		MSIS	1	2	3	4	5	6	[REDACTED]	1	165	ADW				✓	
[REDACTED]		MSIS	✓														
[REDACTED]																	
[REDACTED]																	
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE			278.0	196	278.0	152	278.0	152									
TODAY			1.7	1	1.7	1	1.7	1									
TOTAL		279.7	197	279.7	153	279.7	153										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below):																	
DATE		14 Nov 23															
TIME		0900															
INITIALS		JBF															
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: 11/14/23									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

No. 20264

DATE 29 Nov 23		AIRCRAFT # N 2319		MISSION# AFO-001		JOB# 3HAY A023		MISSION PIC		PURPOSE OF FLIGHT OCRT						
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBES 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]	ADW	ADW	1000 1020	1300 1305	79.7	82.4	2.7	3.1				1		281
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME									HOBBS 2.7	BLOCK 3.1	TOTAL LANDINGS		1			

AIRCREW MANIFEST	ORG	FLIGHT NUMBER						PILOT	INSTRUMENT PROCEDURES				CRS INT
		1	2	3	4	5	6		NO	TYPE	LOCATION	HOLD	
[REDACTED]	MSTRS	✓						[REDACTED]	1	ICS	ADW		✓
[REDACTED]	MSTRS	✓											

REASON FOR LATE TAKEOFF:

AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE		
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL
TO DATE	279.7	197	279.7	153		279.7	153	
TODAY	2.7	1	2.7	1		2.7	1	
TOTAL	282.4	198	282.4	154		282.4	154	

I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)

DATE	29 Nov 23						
TIME	0800						
INITIALS	AB						

MAINTENANCE OPS CHECKS	MAINTENANCE OPS CHECKS
ATT 279.7, Landings 197, hours 279.7 Aircraft Cabin Fire Extinguisher 30 Day Insp. Due [REDACTED] 11/27/23	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements. FJA <small>Initials</small> <u>11/27/23</u> <small>Date</small> </div> ATT 279.7, Landings 197, hours 279.7 c/w 30 day Aircraft Cabin Fire Extinguisher Insp. TAW-NFPA-10 NO Discrepancies found [REDACTED] 11/27/23

AIRCRAFT FLIGHT LOG

No. 20265

DATE 05 DEC 23		AIRCRAFT # 2319		MISSION # PFI 001		JOB # 3 AIR AD23		M [REDACTED]		PURPOSE OF FLIGHT PILOT INTERVIEW							
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]		ADW	ADW	1230	1234	82.4	82.5	0.1	0.5				1			
2	[REDACTED]		ADW	ADW	1248	1300	82.5	82.6	0.1	0.6				3			
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										221.105		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		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS			CYCLES			OIL						
TO DATE			282.4		198			282.4			154						
TODAY			0.2		4			0.2			2						
TOTAL			282.6		202			282.6			156						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		05 DEC 23															
TIME		0800															
INITIALS		JAF															
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. FJA Initials Date 12/5/23									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20266

DATE 06 DEC 23		AIRCRAFT # 2319		MISSION# PFI 001		JOB# 3AIR A023		PURPOSE OF FLIGHT INTERVIEW													
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			ADW	ADW	0900	0945	826	828	0.2	0.7					3		198				
2			APW	APW	1345	1415	82.8	83.0	0.2	0.6					2						
3																					
4																					
5																					
6																					
TOTAL FLIGHT TIME										HOBBS 0.4	BLOCK 3	TOTAL LANDINGS		5							
AIRCRAFT 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			OIL							
TO DATE			282.6		202		282.4			156			282.4			156					
TODAY			0.4		5		0.4			2			0.4			2					
TOTAL			283.0		207		283.0			158			283.0			158					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																					
DATE		06 DEC 23																			
TIME		0800																			
INITIALS		JBF																			
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS												
									The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operation Manual, Maintenance Chapter requirements. FJA Initials Date 12/6/23												
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									

AIRCRAFT FLIGHT LOG

No. 20267

DATE 11 DEC 23		AIRCRAFT # 2319		MISSION # PFP 601		JOB # 3HAY A023 A023-3		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT PROF							
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]		ADW	LM	1005	1300	83	84.7	1.7	2.0			0.3	1		426	
2	[REDACTED]		LM	ADW	1020	1305	84.7	86.8	1.1	1.5			0.3	1			
3					1315	1440											
4					1330	1445											
5																	
6																	
TOTAL FLIGHT TIME										HOBBS 2.8	BLOCK 3.5	TOTAL LANDINGS		2			
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 ✓		1LS LM		✓				
			[REDACTED]						1 1LS		ADW		✓				
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS CYCLES OIL			HOURS CYCLES OIL									
TO DATE			2830		207 283.0 158			283.0 158									
TODAY			2852.8		2 2.8 2			2.8 2									
TOTAL			285.8		209 285.8 160			285.8 160									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		11 DEC 23															
TIME		0830															
INITIALS		JPF															
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. FJA Initials Date 12/7/23							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					
1	Aircraft has been removed from service in order to conduct a tool/FOD inspection IAW OPS Manual R.12.3. [REDACTED] 12-7-23										1	Performed tool/FOD inspection as required. No defects detected at this time. Aircraft is returned to service. [REDACTED] 12-7-23 ATT: 283.0					

JS

AIRCRAFT FLIGHT LOG

No. 20268

DATE 12 DEC 23		AIRCRAFT # 2319		MISSION# PPF-001		JOB# 3HAW 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]	ADW	BNA	0920	1145	0508	0801	231	2.5				1		411				
2	[REDACTED]	[REDACTED]	BNA	ADW	1320	1525	0801	0809	18	2.1				1						
3																				
4																				
5																				
6																				
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS									
							4.1		4.6		2									
AIRCREW 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		1LS		BNA				✓	
									[REDACTED]		1		1LS		ADW				✓	
REASON FOR LATE TAKEOFF:																				
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		285.8		#1 ENGINE		285.8		#2 ENGINE										
		209		HOURS		CYCLES		HOURS		CYCLES		OIL								
TO DATE		207		287.0		150		287.0		150										
TODAY		2		4.1		2		4.1		2										
TOTAL		211		289.9		162		289.9		162										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)...																				
DATE		12 DEC 23																		
TIME		0800																		
INITIALS		JBF																		
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>FJA Initials</p> <p>12/11/23 Date</p>												
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE												

AIRCRAFT FLIGHT LOG

No. 20269

DATE 13 DEC 23	AIRCRAFT # 2319	MISSION# PFP-001	JOB# 3HAY A023	MISSION# [REDACTED]	PURPOSE OF FLIGHT PILOT PROF										
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]	ADW	GSP	915	1130	89.9	91.8	19	2.2			0.3	1	
2	[REDACTED]	[REDACTED]	GSP	ADW	1315	1500	91.8	93.3	1.5	1.9			0.3	1	
3															
4															
5															
6															
TOTAL FLIGHT TIME										HOBBS 34	BLOCK 4.1	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	
[REDACTED]		MSTS	✓	✓					1	ILS	GSP		✓	✓	
									1	ILS	ADW			✓	
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE							
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL					
TO DATE			289.9		211	289.9	162		289.9	162					
TODAY			3.4		2	3.4	2		3.4	2					
TOTAL			293.3		213	293.3	164		293.3	164					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		13 DEC 23													
TIME		0800													
INITIALS		AB													
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. FJA Initials Date 12/13/22							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE					

AIRCRAFT FLIGHT LOG

No. 20270

DATE 20 DEC 23		AIRCRAFT # 2319		MISSION# PFI 001		JOB# 3 AIR A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT INTERVIEW						
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]	ADW	ADW	0840	0920	93.3	93.7	0.4	0.7				2		
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME										HOBBS 0.4	BLOCK 0.7	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	LS	ADW			✓		
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS	#1 ENGINE			#2 ENGINE									
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE				293.3	213	293.3	164	293.3	164							
TODAY				0.4	2	0.4	1	0.4	1							
TOTAL			293.7	215	293.7	165	293.7	165								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		20 DEC 23														
TIME		0730														
INITIALS		JBP														
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: JBP Date: 12/18/23						
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE				

AIRCRAFT FLIGHT LOG

No. 20271

DATE 02 JAN 24		AIRCRAFT # 2319		MISSION # RFP-001		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 / P	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1	[REDACTED]	[REDACTED]	ADW	CAE	1000	1130	93.7	95.1	1.4	1.7				1		412
2	[REDACTED]	[REDACTED]	CAE	ADW	1015	1140	96.1	96.8	1.7	1.9				1		
3					1300	1445										
4					1305	1430										
5																
6																
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS		2			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						INSTRUMENT CURRENCY							
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT	
										1	ILS	CAE		✓	✓	
										1	ILS	ADW		✓	✓	
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE									
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE		293.7		215		293.7	165			293.7	165					
TODAY		3.1		2		3.1	2			3.1	2					
TOTAL		296.8		217		296.8	167			296.8	167					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		02 JAN 24														
TIME		0900														
INITIALS		CL														
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>FJA 61-02-24</p> <p>Initials Date</p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE					NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									

AIRCRAFT FLIGHT LOG

No. 20272

DATE 3 JAN 24		AIRCRAFT # 2319		MISSION# PFP-φφ1		JOB# 3 HAV-Aφ23		MISSION PIC		PURPOSE OF FLIGHT PILOT AND PASSENGER												
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS		FUEL								
	PIC	SIC / IF	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM		DAY	NIGHT						
1			ADW	GSP	0910	1105	968	985	1.7	20			φ31		390							
2			GSP	ADW	1320	1450	985	999	1.4	16		07	031									
3																						
4																						
5																						
6																						
TOTAL FLIGHT TIME							3.1	3.6	TOTAL LANDINGS													
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY													
			1 2 3 4 5 6						INSTRUMENT PROCEDURES													
									PILOT		NO	TYPE	LOCATION	HOLD	CRS INT							
											1	ILS	GSP	✓	✓							
											1	RNAV	ADW		✓							
REASON FOR LATE TAKEOFF:																						
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE														
					HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE			296.8		217		296.8			167			296.8			167						
TODAY			3.1		2		3.1			2			3.1			2						
TOTAL			299.9		219		299.9			169			299.9			169						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																						
DATE		3 JAN 24																				
TIME		0800																				
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>FJA Initials</p> <p>01/02/24 Date</p>														
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE												

AIRCRAFT FLIGHT LOG

No. 20273

DATE 08 JAN 24		AIRCRAFT # 2319		MISSION# PFP-001		JOB# 3HAY A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT PILOT PPOF						
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]	ADW	TYS	1005	1215	99.9	1.9	2.0	2.3				1		395
2	[REDACTED]	[REDACTED]	TYS	ADW	1015	1220	1.9	03.4	1.5	1.8				1		
3																
4																
5																
6																
TOTAL FLIGHT TIME							HOBBS 3.5	BLOCK 4.1	TOTAL LANDINGS		2					
AIRCREW 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	ILS	TYS			✓		
			[REDACTED]						1	ILS	ADW			✓		
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE										
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE		299.9	219	299.9	169		299.9	169								
TODAY		3.5	2	3.5	2		3.5	2								
TOTAL		303.4	221	303.4	171		303.4	171								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		08 JAN 24														
TIME		0900														
INITIALS		JBF														
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>FJA Initials</p> <p>01/08/24 Date</p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20274

DATE 1/18/24		AIRCRAFT # N 2719		MISSION# AFL001		JOB# 3A12 A023		MISSION PIC [Redacted]		PURPOSE OF FLIGHT Repositioning							
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]	ADW	FW	0934	1630	303.4	309.3	6.9	7.7	6.2			1		174	
2	[Redacted]	[Redacted]	FW	LSV	0936	1636	309.3	313.1	3.8	4.0					1	615	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS		107.00		TOTAL LANDINGS		2				
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						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	303.4		221	303.4	171		303.4	171									
TODAY	9.7		2	9.7	2		9.7	2									
TOTAL			313.1	223	313.1	173		313.1	173								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE	1/18/24																
TIME	0939																
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] Date 01/08/24									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	TCAS cut out during flight + intermittent								1	ATT 303.4, 221 Landings, 171 cycles. Rechecked good 1/18/24							
2	[Redacted] 01/11/24								2	[Redacted] 1/18/24							

AIRCRAFT FLIGHT LOG

No. 20275

DATE 01/22/24		AIRCRAFT # N2319		MISSION # PFP001		JOB # 314V 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 / P	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY	NIGHT
1	[REDACTED]	[REDACTED]	LSV	LSV	0842/012	0848/018	13.1	14.5	1.4	1.6		1.1		1		270
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME							HOBBS 1.4	BLOCK 1.6	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		
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE										
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE		313.1	223	313.1	173		313.1	173								
TODAY		1.4	1	1.4	1		1.4	1								
TOTAL		314.5	224	314.5	174		314.5	174								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		01/22/24														
TIME		0740														
INITIALS		JL														
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>MH</u> Date: <u>01/22/24</u></p>											
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE				NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE										

AIRCRAFT FLIGHT LOG

No. 20176

DATE 01/24/24		AIRCRAFT # N2319		MISSION# PFP 001		JOB# 3HAW A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT Pilot Prof						
FLY No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS	FUEL			
	PIC	SIC	FROM	TO	TID	BLOCK	START	END	TOTAL	D	N	ACT		SIM	DAY	NIGHT
1	[REDACTED]	[REDACTED]	LSV	LSV	1412	1524	145	155	10	13				1		187
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME					HOBBS		BLOCK		TOTAL LANDINGS							
AIRCRAFT MANIFEST					FLIGHT NUMBER		FLIGHT CREW INSTRUMENT CURRENCY		INSTRUMENT PROCEDURES							
ORG		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		OIL		#2 ENGINE		OIL						
TO DATE		314.5	224	314.5	174			314.5	174							
TODAY		1.0	1	1.0	1			1.0	1							
TOTAL		315.5	225	315.5	175			315.5	175							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM (Fill in below)																
DATE		01/23/24	01/24/24													
TIME		0745	1300													
INITIALS		JL	JL													
MAINTENANCE OPS CHECKS																
<div style="border: 1px solid black; padding: 5px;"> <p>MAINTENANCE OPS CHECKS</p> <p>The Aircraft Daily Maintenance Check has been accomplished I/AW the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials: <u>[Signature]</u> Date: <u>1/24/24</u></p> </div>																
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE						NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								

AIRCRAFT FLIGHT LOG

No. 20178

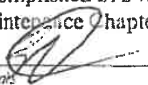
DATE 28 FEB '24		AIRCRAFT # N2319		MISSION # AFO 001		JOB # 3HAV		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT OCRT					
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	
1	[REDACTED]	[REDACTED]	KLSV	KLSV	0815 0825	1012 1018	15.9	17.6	1.7	2.1				1	
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS 1.7	BLOCK 2.1	TOTAL LANDINGS 1						
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
			1	2	3	4	5	6	PILOT	NO	TYPE	INSTRUMENT PROCEDURES		LOCATION	HOLD
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE									
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE	315.9		230	315.9	176		315.9	176							
TODAY	1.7		1	1.7	1		1.7	1							
TOTAL	317.6	231	317.6	177		317.6	177								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE	2/20/24														
TIME	0730														
INITIALS	MAN														
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 Maintenance Chapter requirements. Initialed: <i>[Signature]</i> Date: <i>2/20/24</i> </div>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						
1	ES15 Battery Bus Corp (Buck)							1	Removed ES15 Battery P/N 521-1228-01 & installed corp checked ES15 Battery P/N 521-1228-01 S/N 82368. AK 17.2159 2/21/2024						

Company
Form
FRM-0601

AIRCRAFT FLIGHT LOG

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No. 20179

DATE 03/04/24		AIRCRAFT # N2319		MISSION# PPF 001		JOB# 3HAY A023		MISSION PIC		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	SEZ	1006	1142	176	18.7	1.1	14	1.6	02		1		289								
2			SEZ	LSV	1142	1254	18.7	19.7	1.0	13				1		258								
3																								
4																								
5																								
6																								
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS													
							2.1		2.7		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									
										1	GPS	KSEZ		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			317.6		231		317.6			177						317.6			177					
TODAY			2.1		2		2.1			21						2.1			21					
TOTAL			319.7		233		319.7			179						319.7			179					
								178									178							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																								
DATE		3/4/24																						
TIME		0715																						
INITIALS		AW																						
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS														
										<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Initialed:  Date: 3/4/24</p>														
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE												

AIRCRAFT FLIGHT LOG

PFT001

No. 20180

DATE 5 MAR '14		AIRCRAFT # N0319		MISSION # PFT001		JOB# 31HAY A023		MISSION PIC		PURPOSE OF FLIGHT PKOT 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	12:12	14:18	197	208	1.1	1.2				1			
2																	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS						
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		FLIGHT NUMBER			FLIGHT CREW INSTRUMENT CURRENCY										
				PILOT			INSTRUMENT PROCEDURES						HOLD		CRS INT		
AIRCRAFT MANIFEST		ORG	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		319.7		233		319.7		178		319.7		178					
TODAY		1.1		1		1.1		1		1.1		1					
TOTAL		320.8		234		320.8		179		320.8		179					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		03/05/14															
TIME		11:59															
INITIALS		[Signature]															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Initials: [Signature] Date: 3/5/14</p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20181

DATE 3/6/24		AIRCRAFT # N2319		MISSION# PEP 001		JOB# 3 HAW A023		MISSION PIC		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			LSU	IWA	1000	1136	208	222	1.4	17					1	382			
2			IWA	LSU	1012	1142	22	223.4	1.2	25	1.6				1				
3																			
4																			
5																			
6																			
TOTAL FLIGHT TIME							HOBBS		BLOCK		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				
REASON FOR LATE TAKEOFF:																			
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE												
				HOURS			CYCLES			HOURS			CYCLES			OIL			
TO DATE		230.8		234		320.8			179			320.8			179				
TODAY		2.6		2		2.6			2			2.6			2				
TOTAL		323.4		236		323.4			181			323.4			181				
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																			
DATE		3/6/24																	
TIME		0810																	
INITIALS		JL																	
MAINTENANCE OPS CHECKS									MAINTENANCE OPS CHECKS										
									The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements. Initials: <u> </u> Date: <u>3/6/24</u>										
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									

AIRCRAFT FLIGHT LOG

No. 20182

DATE 3/11/24		AIRCRAFT # N8319		MISSION# AFO061		JOB# 3A12 A023		MISSION PIC [REDACTED]		PURPOSE OF FLIGHT OCRT							
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]	LV	LV	1012	1238	23.4	25.4	2.0	2.3				1			
2										2.4					271		
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME										2.0	2.3	TOTAL LANDINGS		1			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			PILOT	NO	TYPE	LOCATION		HOLD	CRS INT								
			1	2	3	4	5	6									
			MST	X													
			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	323.4		236	323.4	181		323.4	181									
TOTAL	325.4		237	325.4	182		325.4	182									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE	3/11/24																
TIME	0650																
INITIALS	[Signature]																
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements. Initials: [Signature] Date: 3/11/24									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20183

DATE 3/13/24		AIRCRAFT # N2319		MISSION#		JOB#		MISSION PIC		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	
1			VSV	VSV	0900 0918	1042 1048	254	26.8	1.4	1.8				1	
2															150
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS				
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		325.4	237	325.4	182		325.4	182							
TODAY		1.4	1	1.4	1		1.4	1							
TOTAL		326.8	238	326.8	183		326.8	183							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE		3/13/24													
TIME		0752													
INITIALS		[Signature]													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS							
								The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.							
								Date 3/11/24							
NO								NO							
DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

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No. 20184

DATE 3/25/24		AIRCRAFT # N2319		MISSION # DPP001		JOB # 3A12 A0 73		MISSION PIC [Redacted]		PURPOSE OF FLIGHT Pilot Prof											
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]	L3V	SEE	0936	1706	26.8	28.1	1.3	1.3				1		151					
2	[Redacted]	[Redacted]	SEE	L3V	0948	1618	28.1	29.2	1.1	1.3				1							
3																					
4																					
5																					
6																					
TOTAL FLIGHT TIME							2.4	2.9		TOTAL LANDINGS		2									
AIRCREW 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		Loc		KSE		-		1				
REASON FOR LATE TAKEOFF:																					
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE														
				HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE		326.8		238		326.8			183			326.8			183						
TODAY		2.4		2		2.4			2			2.4			2						
TOTAL		329.2		240		329.2			185			329.2			185						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																					
DATE		3/19/24		3/25/24																	
TIME		0730		0724																	
INITIALS		(Ru)		(R)																	
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS													
								<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>3/25/24 [Signature] 3/13/24 [Signature] 3/18/24 [Signature]</p>													
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE											
1	30 day Cabin portable fire extinguishers inspection due.								1	Performed 30 day Cabin portable fire extinguishers insp IAW											
	[Redacted]									[Redacted]											
	[Redacted]									[Redacted]											

AIRCRAFT FLIGHT LOG

No. 20185

DATE 4/2/24		AIRCRAFT # N2319		MISSION# AF0001		JOB# 3AIRA023		MISSION PIC		PURPOSE OF FLIGHT OCRT						
Ft 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	0918 0930	1136 1142	292	313	2.1	2.4				1		149
2																
3																
4																
5																
6																
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS					
							2.1		2.4		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		
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE									
				HOURS			CYCLES			OIL						
TO DATE		329.2		240			329.2			185						
TODAY		2.1		1			2.1			1						
TOTAL		331.3		241			331.3			186						
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		4/2/24														
TIME		0750														
INITIALS		CW														
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS								
								The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements. Initials: <u>MH</u> Date: <u>3/25/24</u> <u>04/01/24</u> <u>MH</u>								
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE								
1 Pilot reports Fasten seatbelts lights not illuminating.								MEL 33-20-03-01 CATC. Transferred To The DAL.								
ACFT: 331.3 4/2/24								ACFT: 331.3 4/2/24								

AIRCRAFT FLIGHT LOG

No. 20186

DATE 4/9/24		AIRCRAFT # N2319		MISSION# AFO001		JOB# 3A17A023		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]	LSV	LSV	1312	1436	31.3	32.6	13	15				1	285
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS				
							1.3		1.5		1				
AIRCREW MANIFEST		FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
		ORG						INSTRUMENT PROCEDURES							
		1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT		
		MSB	✓												
		MSB	✓												
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE								
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL						
TO DATE		331.3 241		331.3	186		331.3	186							
TODAY		1.3 1		1.3	1		1.3	1							
TOTAL		332.6 242		332.6	187		332.6	187							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE		04/09/24													
TIME		0825													
INITIALS		JL													
MAINTENANCE OPS CHECKS							MAINTENANCE OPS CHECKS								
							<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Signature: [Signature] Date: 4/8/24</p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														
1	Dead Battery [REDACTED] 4/9/24														
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														
1	Replaced Battery S/N 70020269 with a new Battery P/N R63805/44K S/N 41290-1216 [REDACTED]														

AIRCRAFT FLIGHT LOG

No. 20187

DATE 4/10/24		AIRCRAFT # N2319		MISSION# PFP001		JOB# ZNAV 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	CMA	0954 1047	1154 1206	32.6	33.8	1.2	2.2					1		147	
2	[REDACTED]	[REDACTED]	CMA	LSV	1354 1400	1518 1524	33.8	35.1	1.3	1.5					1		358	
3																		
4																		
5																		
6																		
TOTAL FLIGHT TIME							HOBBS 25		BLOCK 3.7		TOTAL LANDINGS							
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		332.6 242		332.6	187		332.6	187										
TODAY		2.5 2		2.5	2		2.5	2										
TOTAL		335.1 244		335.1	189		335.1	189										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)								
DATE		4/10/24																
TIME		0750																
INITIALS		[Signature]																
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 Maintenance Chapter requirements. [Signature] Date 4/9/24 </div>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE										NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE						

AIRCRAFT FLIGHT LOG

No. 20189

DATE 4/15/24		AIRCRAFT # N2319		MISSION# PFP001		JOB# 3HAY A013		MISSION PIC		PURPOSE OF FLIGHT Pilot Prof							
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			KLVN	KSGM	0930	1012	36.1	36.6	5	7				1	200		
2			KSGM	KIGA	1012	1030	36.6	36.8	1	13				2			
3			KSGM	KLVN	1030	1112	36.7	37.3	6	9				1			
4																	
5																	
6																	
TOTAL FLIGHT TIME										1.2	1.9	TOTAL LANDINGS		3			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT	NO	TYPE	INSTRUMENT PROCEDURES		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			336.1 245		336.1	190		336.1	190								
TODAY			1.2 3		1.2	12		1.2	12								
TOTAL			337.3 248		337.3	193		337.3	193								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		15 APR 24															
TIME		0720															
INITIALS		my															
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS									
								<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Initials: <u>MMH</u> Date: <u>4/15/24</u> <u>MMH</u></p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20190

DATE	AIRCRAFT #	MISSION#	JOB#	MISSION PIC	PURPOSE OF FLIGHT
4/22/24	N2319	PRP001	3 HAV A023		Pilot Prof

Fit No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL	
	PIC	SIC / IP	FROM	TO			T/O	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT
1			LSV	PVV	0930	1330	37.3	38.8	1.5	2.2					1		22.4
2			PVV	LSV	1000	1400	38.8	40.3	1.5	1.8					1		
3																	
4																	
5																	
6																	

TOTAL FLIGHT TIME		TOTAL LANDINGS	
3.0	4.0	2	

AIRCRAFT MANIFEST	ORG	FLIGHT NUMBER						PILOT	INSTRUMENT PROCEDURES				
		1	2	3	4	5	6		NO	TYPE	LOCATION	HOLD	CRS INT
									1	ILS	KAVU	-	1
									1	ILS	KLAV	-	1

REASON FOR LATE TAKEOFF:

AIRCRAFT TOTAL TIME IN SERVICE	LANDINGS	#1 ENGINE			#2 ENGINE			
		HOURS	CYCLES	OIL	HOURS	CYCLES	OIL	
TO DATE	337.3	248	337.3	191	193	337.3	191	193
TODAY	3.0	2	3.0	2		3.0	2	
TOTAL	340.3	250	340.3	193		340.3	193	

I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)

DATE	TIME	INITIALS
4/16/24	0820	JL

MAINTENANCE OPS CHECKS	
<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>4/15/24</p>	

NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE	NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE
1	30 day inspection of Cabin portable fire extinguishers due on 4/18/24.	1	performed 30 day inspection of Cabin portable fire extinguishers on 4/18/24.

NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE	NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE
1	337.3 4/17/24	1	337.3 4/17/24

No. 20191

DATE 4/23/24		AIRCRAFT # N2319		MISSION# PTP001		JOB# 3HAY A023		MISSION PIC		PURPOSE OF FLIGHT Pilot Bmf							
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	SEE	0924 0948	1106 1112	40.3	41.6	13	1.8		5		1		152	
2			SEE	LSV	1248 1312	1412 1418	41.6	42.6	1.0	1.5				1		175	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS						
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
									INSTRUMENT PROCEDURES								
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION		HOLD	CRS INT		
										1	LOC	KSEF		-	1		
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE			LANDINGS		#1 ENGINE			#2 ENGINE									
					HOURS	CYCLES	OIL	HOURS	CYCLES	OIL							
TO DATE			340.3 250		340.3	193	1QT	340.3	193	1QT							
TODAY			2.3 2		2.3	2	1QT	2.3	2	1QT							
TOTAL			342.6 252		342.6	195	1QT	342.6	195	1QT							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.											(Fill in below)						
DATE			4/23/24														
TIME			0710														
INITIALS			[Signature]														
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.							
										Initials: [Signature] Date: 4/22/24							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							
1	Pilot Reports a TCAS Fail message on the ground that [redacted]								1	MEI 245-00-01 Transferred to the DDL.							
ACT: 342.6 4/23/24										ACT: 342.6 4/23/24							

AIRCRAFT FLIGHT LOG

No. 20192

DATE 5/11/24		AIRCRAFT # N2319		MISSION#		JOB#		MISSION PIC		PURPOSE OF FLIGHT					
FLY No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER		BLOCK/PERIOD		INST	LANDINGS	FUEL		
	PIC	SIG / LP	FROM	TO	T/O	START	END	TOTAL	D	N	ACT	SIM		DAY	NIGHT
1			LSV	HOB	0742	1012	42.6	45.0	2.4	26	0.3		1	382	
2			HOB	HOB	1018	1336	45.0	47.8	2.8	35			1	437	
3			HOB	LSV	1500	1830	47.8	51.2	3.4	36	0.2		1		
4															
5															
6															
TOTAL FLIGHT TIME							8.6	BLOCK		9.7	TOTAL LANDINGS		3		
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						INSTRUMENT CURRENCY						
			1	2	3	4	5	6	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT	
			MSB	✓	✓	✓					1	GPS	1400		1
			MSB	✓	✓	✓									
			MSB	✓	✓	✓									
REASON FOR LATE TAKEOFF:															
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE								
				HOURS	CYCLES	OIL	HOURS	CYCLES	OIL						
TO DATE		342.6 252		342.6	195		342.6	195							
TODAY		8.6 3		8.6	3		8.6	3							
TOTAL		351.2 255		351.2	198		351.2	198							
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE		5/11/24													
TIME		0545													
INITIALS		JL													
MAINTENANCE OPS CHECKS					MAINTENANCE OPS CHECKS										
					<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>AKH 4/24/24 5/6/24</p> <p>4/29/24 AKH</p>										
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE				NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE									
1	Troubleshoot TCAS + Transponder discrepancies from the DDL with Denver Airlines assistance				1	Error code 000-0286: A1, TCAS input BUS L-AUX-1 is disconnected or failed. Unable to correct discrepancy at this time. Aircraft will remain on the DDL.									
	ACM: 342.6 4/24/24					ACM: 242.6 4/24/24									

AIRCRAFT FLIGHT LOG

No. 20193

DATE 5/15/24		AIRCRAFT # N2319		MISSION # PFR001		JOB # 3HAW A083		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	ASL	1318	1354	51.2	51.7	5	7				1		288															
2	[Redacted]	[Redacted]	ASL	LSV	1354	1430	51.7	52.2	5	6				1																	
3																															
4																															
5																															
6																															
TOTAL FLIGHT TIME							1.0		BLOCK 1.3		TOTAL LANDINGS		2																		
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY																						
			1 2 3 4 5 6						INSTRUMENT PROCEDURES																						
			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		351.2		255		351.2			198			351.2			198																
TODAY		1.0		2		1.0			2			1.0			2																
TOTAL		352.2		257		352.2			200			352.2			200																
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																															
DATE		5/15/24																													
TIME		0911																													
INITIALS		[Signature]																													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS																							
								<p>The Aircraft Daily Maintenance Check accomplished I/A/W the RSL Aviation Maintenance Chapter requirements.</p> <p>Initials: [Signature] Date: 5/13/24</p>																							
NO		DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														NO		CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE													
1																															

AIRCRAFT FLIGHT LOG

No. 20194

DATE 5/28/24		AIRCRAFT # N2319		MISSION# AFO001		JOB# 3AIRA023		MISSION PIC		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			LSV	LSV	0942	1112	522	535	1.3	1.7				1	147
2															
3															
4															
5															
6															
TOTAL FLIGHT TIME							HOBBS		BLOCK		TOTAL LANDINGS				
AIRCRAFT MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY						
									INSTRUMENT PROCEDURES						
			PILOT	NO	TYPE	LOCATION		HOLD	CRS 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	352.2		257	352.2	200		352.2	200							
TODAY	1.3		1	1.3	1		1.3	1							
TOTAL	353.5	258	353.5	201		353.5	201								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)					
DATE	5/28/24														
TIME	0649														
INITIALS	AW														
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>AW</u> Date: <u>5/22/24</u> <u>AW</u></p> <p>Initials: <u>AW</u> Date: <u>5/28/24</u></p>										
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE														
1	Cabin portable fire extinguishers 30 day insp. due on 5/16/24														
	ACT: 352.2 5/16/24														
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE														
1	C/W Cabin portable fire ext. 30 day insp. IAW NFPA 10, 4-3.2.														
	ACT: 352.2 5/16/24														

AIRCRAFT FLIGHT LOG

No. 20195

DATE 5/29/24		AIRCRAFT # N2319		MISSION# PFP001		JOB# 3A1R A023		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	FLG	1024	1136	53.5	54.6	0.1	1.3					1		280		
2			FLG	LSV	1324	1424	54.6	55.5	0.9	1.1					1				
3																			
4																			
5																			
6																			
TOTAL FLIGHT TIME										HOBBS 2.0		BLOCK 2.4		TOTAL LANDINGS		2			
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY										
			1 2 3 4 5 6						INSTRUMENT PROCEDURES										
			PILOT						LOCATION									HOLD	CBS INT
REASON FOR LATE TAKEOFF:																			
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE													
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL											
TO DATE		353.5	258	353.5	201		353.5	201											
TODAY		2.0	2	2.0	2		2.0	2											
TOTAL		355.5	260	355.5	203		355.5	203											
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)									
DATE		5/29/24																	
TIME		09:25																	
INITIALS		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>MAH</u> Date: <u>5/28/24</u> </div>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE																		
NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE																		

AIRCRAFT FLIGHT LOG

No. 20196

DATE 5/30/24		AIRCRAFT # N2319		MISSION# PFP001		JOB# 3A1R A023		MISSION PIC		PURPOSE OF FLIGHT Pilot Proficiency											
Fil 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	EKO	0930 0936	1124 1130	555	573	1.8	2.0				1		488					
2			EKO	LSV	1218 1224	1400 1406	573	589	1.6	1.8				1							
3																					
4																					
5																					
6																					
TOTAL FLIGHT TIME							HOBBS 3.4	BLOCK 3.8	TOTAL LANDINGS		2										
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY												
			1 2 3 4 5 6						INSTRUMENT PROCEDURES												
			PILOT						NO	TYPE	LOCATION		HOLD	CRS INT							
										1 GPS	KEKO		1	1							
REASON FOR LATE TAKEOFF:																					
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS		#1 ENGINE			#2 ENGINE														
				HOURS			CYCLES			OIL			HOURS			CYCLES			OIL		
TO DATE		2555		260			355.5			203			355.5			203					
TODAY		3.4		2			3.4			2			3.4			2					
TOTAL		358.9		262			358.9			205			358.9			205					
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																					
DATE		5/30/24																			
TIME		0800																			
INITIALS		AP																			
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 Annual, Maintenance Chapter requirements. <i>AP</i> Initials 5/30/24 Date </div>													
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE													

AIRCRAFT FLIGHT LOG

No. 20197

DATE 6/3/24	AIRCRAFT # N2319	MISSION # PFP001	JOB # 3A1R A023	MISSION PIC [REDACTED]	PURPOSE OF FLIGHT Pilot Proficiency												
Flt No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST		LANDINGS		FUEL lb	
	PIC	SIC / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY	NIGHT		
1	[REDACTED]	[REDACTED]	LSV	CDC	1100	1250	58.9	59.8	0.9	1.1			0.2	1		186	
2	[REDACTED]	[REDACTED]	CDC	LSV	1106	1342	59.8	60.5	0.7	0.9			0.2	1			
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							HOBBS 1.6	BLOCK 2.0	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	LS	K CDC		1			
									[REDACTED]	1	LS	K LSW					
REASON FOR LATE TAKEOFF:																	
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE											
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL									
TO DATE		358.9	262	358.9	205		358.9	205									
TODAY		1.6	2	1.6	2		1.6	2									
TOTAL		360.5	264	360.5	207		360.5	207									
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM.										(Fill in below)							
DATE		6/3/24															
TIME		10:20															
INITIALS		JL															
MAINTENANCE OPS CHECKS										MAINTENANCE OPS CHECKS							
										<div style="border: 1px solid black; padding: 5px;"> <p>The Aircraft Daily Maintenance Check has been accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials <u>AKH</u> Date <u>5/30/24</u> <u>6/3/24</u> <u>AKH</u></p> </div>							
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20199

DATE 6/12/24		AIRCRAFT # N2319		MISSION # PP001		JOB # 3A1R 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	TVL	0912	1048	623	63.7	1.4	1.7			0.2	1		278
2	[REDACTED]	[REDACTED]	TVL	LSV	0924	1054	63.7	65.1	1.4	1.6			0.2		1	
3																
4																
5																
6																
TOTAL FLIGHT TIME							HOBBS 2.8	BLOCK 3.3	TOTAL LANDINGS		2					
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY							
			1	2	3	4	5	8	PILOT	NO	TYPE	LOCATION	HOLD	CRS INT		
			MTS	✓	✓						1	GPS	KTVL			
REASON FOR LATE TAKEOFF:																
AIRCRAFT TOTAL TIME IN SERVICE		LANDINGS	#1 ENGINE			#2 ENGINE										
			HOURS	CYCLES	OIL	HOURS	CYCLES	OIL								
TO DATE			362.3	208		362.3	208									
TODAY			2.8	2		2.8	2									
TOTAL		365.1	210		365.1	210										
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																
DATE		6/12/24														
TIME		07:35														
INITIALS		JL														
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>MT</u> Date: <u>6/11/24</u></p>								
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE							NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20200

DATE 6/18/24	AIRCRAFT # N2319	MISSION# AFO001	JOB# 3AIR A023	MISSION D/C [REDACTED]	PURPOSE OF FLIGHT OCRT
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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	0924 0930	1130 1136	65.1	67.1	2.0	2.2					1	205
2																
3																
4																
5																
6																

TOTAL FLIGHT TIME										HOBBS 2.0	BLOCK 2.2	TOTAL LANDINGS		1
-------------------	--	--	--	--	--	--	--	--	--	---------------------	---------------------	----------------	--	----------

AIRCRAFT MANIFEST	ORG	FLIGHT NUMBER						PILOT	FLIGHT CREW INSTRUMENT CURRENCY				
		1	2	3	4	5	6		INSTRUMENT PROCEDURES				
		NO	TYPE	LOCATION	HOLD	CRS INT							
[REDACTED]	MST3	✓											
[REDACTED]	MST3	✓											

REASON FOR LATE TAKEOFF:

AIRCRAFT TOTAL TIME IN SERVICE	LANDINGS	#1 ENGINE			#2 ENGINE		
		HOURS	CYCLES	OIL	HOURS	CYCLES	OIL
TO DATE	365.1	267	365.1	210		365.1	210
TODAY	2.0	1	2.0	1		2.0	1
TOTAL	367.1	268	367.1	211		367.1	211

I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)

DATE	6/18/24						
TIME	0700						
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 6/17/24</p>	

NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE	NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE
1	Cabin portable fire extinguishers due 30 day inspection on 6/15/24	1	perform 30 day insp. on Cabin portable fire extinguishers TAW
	[REDACTED]		[REDACTED]
	#01: 365.1 6/13/24		#01: 365.1 6/13/24

AIRCRAFT FLIGHT LOG

No. 20577

DATE 6/26/24		AIRCRAFT# N2319		MISSION# AFL001		JOB# 3AIR A003		MISSION PIC		PURPOSE OF FLIGHT Reps							
Fil No	FLIGHT CREW		ROUTE		BLOCK	LAND	HOBBS METER			BLOCK/PERIOD		INST	LANDINGS		FUEL		
	PIC	PIO / IP	FROM	TO	T/O	BLOCK	START	END	TOTAL	D	N	ACT	SIM	DAY		NIGHT	
1			LSV	YIP	0800	1354	0800	1400	67.7	93.5	58	6.0	1.0	1		525	
2																260	
3																	
4																	
5																	
6																	
TOTAL FLIGHT TIME							5.8		6.0		TOTAL LANDINGS		1				
AIRCREW MANIFEST		ORG	FLIGHT NUMBER						FLIGHT CREW INSTRUMENT CURRENCY								
			1	2	3	4	5	6	PILOT	NO	TYPE	INSTRUMENT PROCEDURES		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		367.7		269	367.7	212		367.7	212								
TODAY		5.8		1	5.8	1		5.8	1								
TOTAL		373.5		270	373.5	213		373.5	213								
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)																	
DATE		6/26															
TIME		0730															
INITIALS		MAN															
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>MAN</u> Date: <u>6/25/24</u></p>									
NO	DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO	CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT FLIGHT LOG

No. 20578

DATE 6/27/24		AIRCRAFT # N2319		MISSION # APL 001		JOB # 3A2R A023		MISSION BIC [REDACTED]		PURPOSE OF FLIGHT Rep.					
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]	YIP	ADW	0754	0742	73.5	75.2	1.7	1.9		0.5		1	260
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				
TO DATE			373.5		270			373.5			213				
TODAY															
TOTAL															
I certify that a preflight check has been completed per FAR 91.7 and the manufacturer's AFM. (Fill in below)															
DATE		6/27													
TIME		0710													
INITIALS		MAN													
MAINTENANCE OPS CHECKS								MAINTENANCE OPS CHECKS							
								<p>The Aircraft Daily Maintenance Check is accomplished I/A/W the RSL Aviation Operations Manual, Maintenance Chapter requirements.</p> <p>Initials _____ Date _____</p>							
NO DISCREPANCIES / CERTIFICATE # / INITIALS / DATE								NO CORRECTIVE ACTIONS / CERTIFICATE # / SIGNATURE / DATE							

AIRCRAFT APPORTIONMENT
FISCAL YEAR 2024 / 2025

Assessor ID: 224863

MISSION SUPPORT AND TEST SERVICES LLC

Aircraft Tail Number: 2319
Serial Number: FL-1190

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

Start Date 07/01/2023 Total Overnights 31
End Date 06/30/2024 Apportionment 8%

July						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 2

August						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 2

September						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30					
<input type="checkbox"/>	<input type="checkbox"/>					

Total 0

October						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 0

November						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30					
<input type="checkbox"/>	<input type="checkbox"/>					

Total 0

December						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 0

January						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 2

February						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29						
<input type="checkbox"/>						

Total 2

March						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30	31				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Total 6

April						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30					
<input type="checkbox"/>	<input type="checkbox"/>					

Total 7

May						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	30	31				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Total 5

June						
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	9	10	11	12	13	14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	16	17	18	19	20	21
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	30					
<input type="checkbox"/>	<input type="checkbox"/>					

Total 5

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

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

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

Direct: 702.455.2485 | Office: 702.455.4997

ClarkCountyNV.gov



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From: Joshua J. Hicks <jhicks@mcdonaldcarano.com>
Sent: Wednesday, August 13, 2025 9:23 AM
To: Elizabeth Hubskey <elca@ClarkCountyNV.gov>
Cc: David Denman <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

From: Elizabeth Hubskey <elca@ClarkCountyNV.gov>
Sent: Monday, August 11, 2025 3:04 PM
To: Joshua J. Hicks <jhicks@mcdonaldcarano.com>
Cc: David Denman <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

Direct: 702.455.2485 | Office: 702.455.4997

ClarkCountyNV.gov



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From: Elizabeth Hubsy

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

To: Joshua J. Hicks <jhicks@mcdonaldcarano.com>

Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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>

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

To: Elizabeth Hubsky <elca@ClarkCountyNV.gov>

Cc: David Denman <jde@ClarkCountyNV.gov>; Vincent Kelly <vmk@ClarkCountyNV.gov>; Amy Mills <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

From: Elizabeth Hubsky <elca@ClarkCountyNV.gov>

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

To: Joshua J. Hicks <jhicks@mcdonaldcarano.com>

Cc: David Denman <jde@ClarkCountyNV.gov>; Vincent Kelly <vmk@ClarkCountyNV.gov>; Amy Mills <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>
Sent: Thursday, July 10, 2025 3:25 PM
To: Elizabeth Hubsby <elca@ClarkCountyNV.gov>
Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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

From: Elizabeth Hubsby <elca@ClarkCountyNV.gov>
Sent: Monday, July 7, 2025 3:19 PM
To: Joshua J. Hicks <jhicks@mcdonaldcarano.com>
Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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>
Sent: Monday, July 7, 2025 9:50 AM
To: Elizabeth Hubsby <elca@ClarkCountyNV.gov>
Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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

From: Elizabeth Hubsby <elca@ClarkCountyNV.gov>

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

To: Joshua J. Hicks <jhicks@mcdonaldcarano.com>

Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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>

Cc: David Denman <jde@ClarkCountyNV.gov>; Amy Mills <aha@ClarkCountyNV.gov>; Vincent Kelly <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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