

In completing page two, the Surety (Co-Sureties) consents (consent) to the foregoing contract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the contract as modified or amended.

PAPERWORK REDUCTION ACT STATEMENT. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0595. Public reporting for this collection of information is estimated to be approximately 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

CONSENT OF SURETY	1. CONTRACT NUMBER	2. MODIFICATION NUMBER	3. DATED
--------------------------	--------------------	------------------------	----------

The Surety (Co-Sureties) consents (consent) to the foregoing contract modification and agrees (agree) that its (their) bond or bonds shall apply and extend to the contract as modified or amended.

4. INDIVIDUAL PRINCIPAL	a. NAME OF PRINCIPAL			c. SIGNATURE	<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME	
	STREET ADDRESS			e. TYPED TITLE	
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	
5. CORPORATE PRINCIPAL	a. NAME OF PRINCIPAL			c. PERSON EXECUTING CONSENT <i>(Signature)</i>	<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME	
	STREET ADDRESS			e. TYPED TITLE	
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	

6. CORPORATE/INDIVIDUAL SURETY (CO-SURETIES)

The Principal or authorized representative shall execute this consent of surety with the modification to which it pertains. If the representative (e.g., attorney-in-fact) that signs the consent is not a member of the partnership, or joint venture, or an officer of the corporation involved, a Power-of-Attorney or a Certificate of Corporate Principal must accompany the consent.

A	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>	<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME	
	STREET ADDRESS			e. TYPED TITLE	
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	
B	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>	<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME	
	STREET ADDRESS			e. TYPED TITLE	
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	
C	a. CORPORATE/INDIVIDUAL SURETY'S NAME			c. PERSON EXECUTING CONSENT <i>(Signature)</i>	<i>(Affix Seal)</i>
	b. BUSINESS ADDRESS			d. TYPED NAME	
	STREET ADDRESS			e. TYPED TITLE	
	CITY	STATE	ZIP CODE	f. DATE THIS CONSENT EXECUTED	

(Add similar signature blocks on the back of this form if necessary for additional co-Sureties)