Name:Address:			Ha	IA #Email Address:					
			Report for 20 & 20		Indicate an "X" for Type of Activ				
Date of Inspection	Location of Inspection	"N" Number of Aircraft	Aircraft Make and Model	Registered Owners Name & Addre	889 Annual	Inspection	Major Repair	Major Alteration	Progressive Inspection

Ref: 14 CFR Part 65.93(a) (1-3)