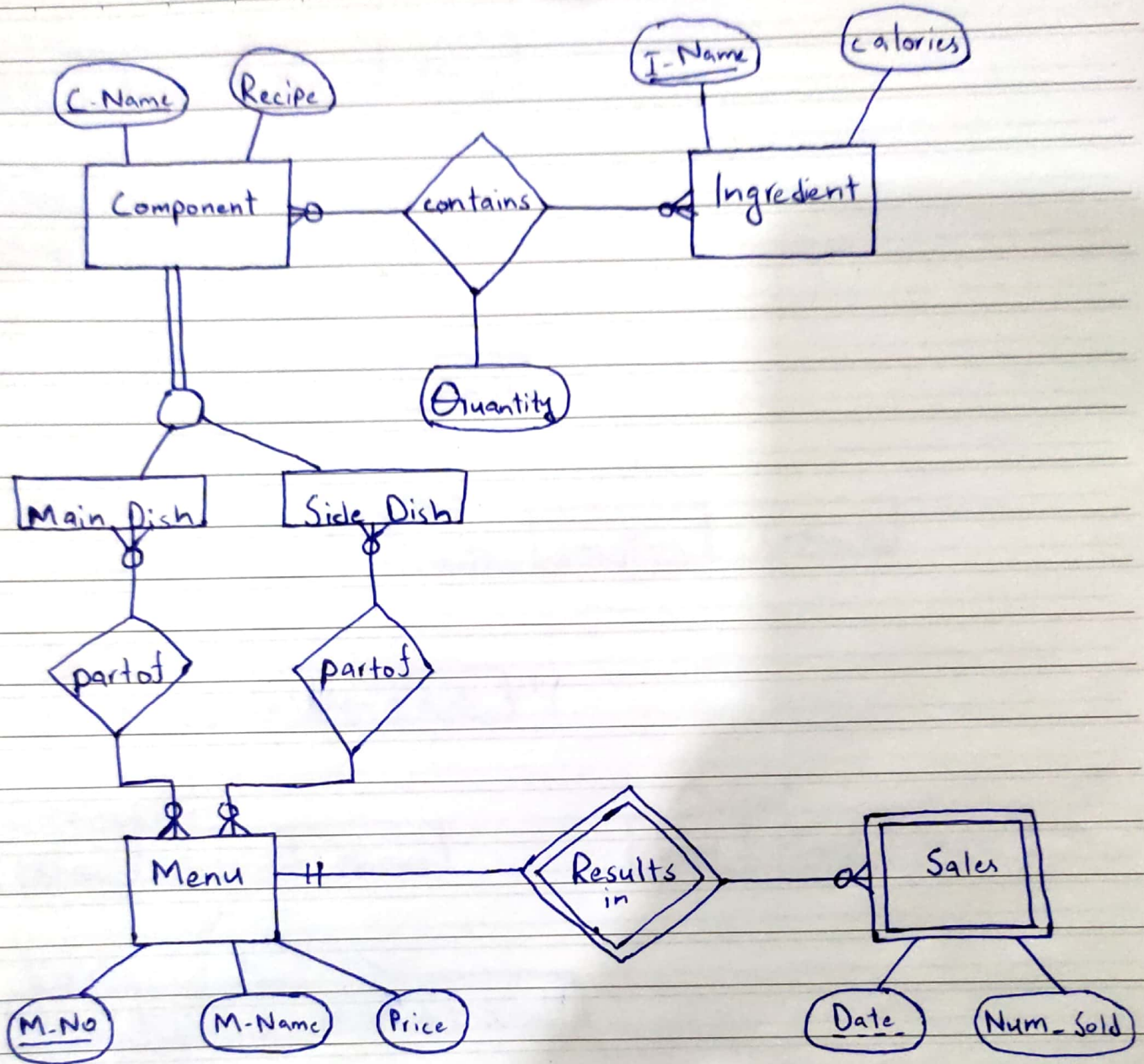
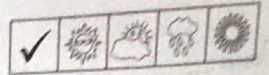
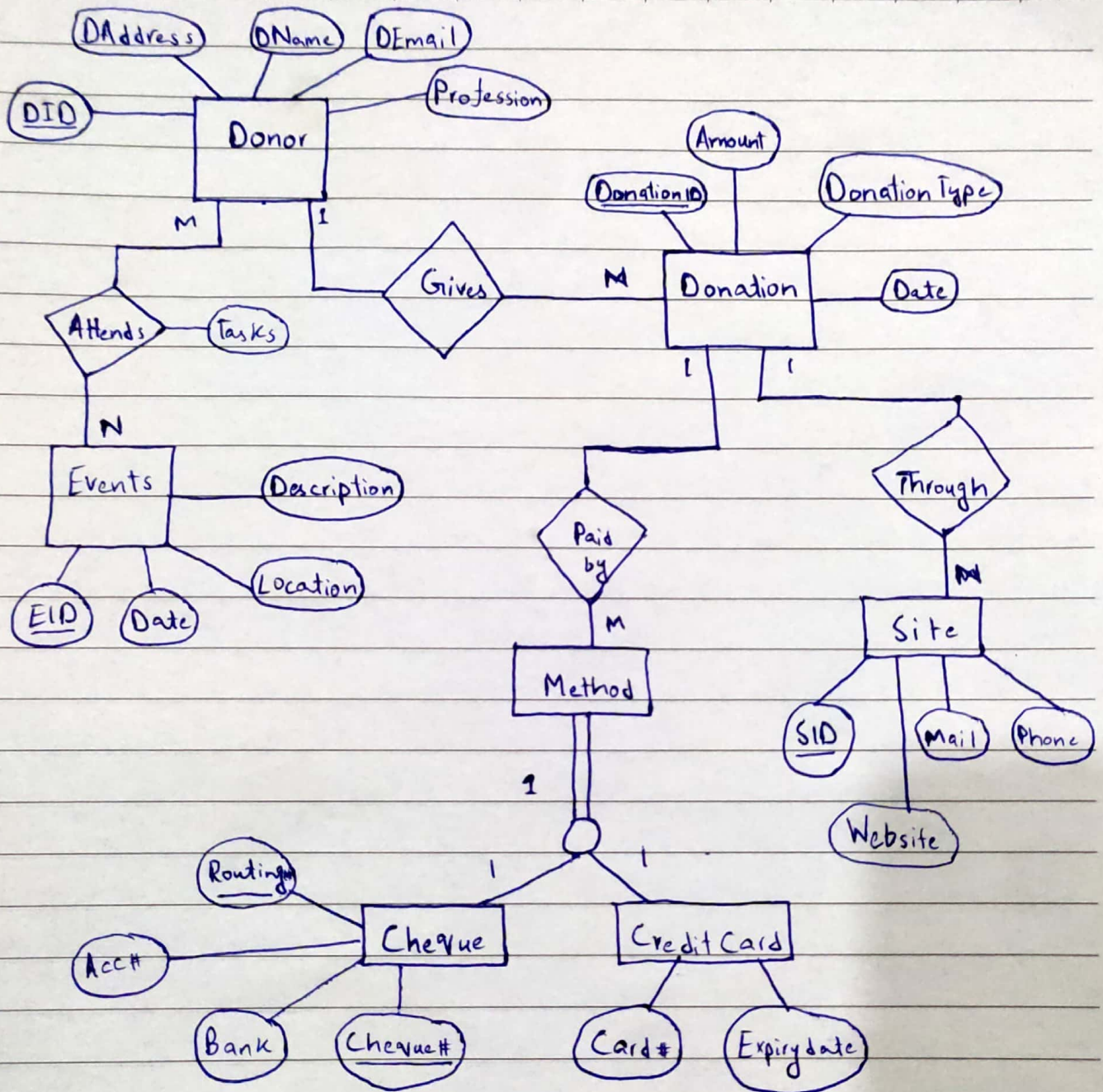


Date _____

Q #3



Date _____



Date _____



Person:

SSN	Address	Phone	Name
-----	---------	-------	------

Plane type:

Model	Capacity	Weight
-------	----------	--------

Employee:

Salary	Service	SSN	Model
--------	---------	-----	-------

Airplane

Reg #

Hanger

Number	Location	Capacity
--------	----------	----------

Pilot

SSN	Model	Lic-Num	Restr
-----	-------	---------	-------

Corporation

Name	Address	Phone
------	---------	-------

Owner

SSN	Name	Reg #
-----	------	-------

Service

Reg #	Date	WorkCode	Hours
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