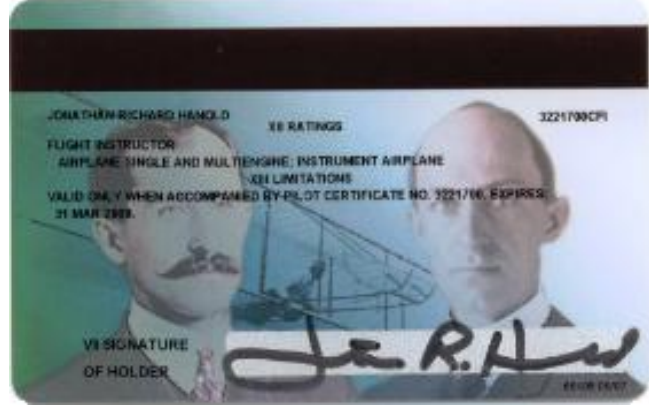


JONATHAN HANOLD



UNITED STATES OF AMERICA Department of Transportation Federal Aviation Administration						
MEDICAL CERTIFICATE <u>SECOND</u> CLASS						
This certifies that (Full name and address):						
JONATHAN RICHARD HANOLD 3224 FANNIN LANE SOUTHLAKE, TX 76092						
Date of Birth	Height	Weight	Hair	Eyes	Sex	
03-13-1967	73	195	BROWN	BROWN	MALE	
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.						
Limitations	MUST WEAR CORRECTIVE LENSES					
Date of Examination			Examiner's Designation No.			
DECEMBER 1, 2008			14286-9			
Examiner	Signature <i>[Signature]</i>					
	Typed Name GABRIEL FRIED, MD, MPH 972-361-0155					
AIRMAN'S SIGNATURE <i>[Signature]</i>						

FAA Form 8500-9 (8-03) Supersedes Previous Edition