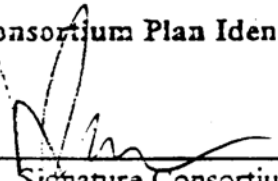


**CONSORTIUM MEMBER
ANTIDRUG PLAN/AMPP CERTIFICATION STATEMENT**

1. Consortium Name: Southeast Anti-Drug Consortium
 Address: 986 Sunrise Highway
 City: North Babylon State: NY Zip: 11703
 Telephone Number: (voice) 516-587-6060 (fax) 516-587-1364
 Consortium Plan Identification Number: E-EA-00091-U

 Arnold Panzer, M.D. 1-16-96
 Signature Consortium ADPM Typed/Printed Name Consortium ADPM Date

2. Company/Operator Name: U.S. Aerospace Corporation
 d/b/a (if applicable) _____
 Address: 140 S. Main
 City: Collierville State: TN Zip: 38017
 Telephone number: (voice) 901-853-5111 (fax) 901-853-6494

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 DRUG ABATEMENT DIVISION
 96 JAN 26 PM 2:40

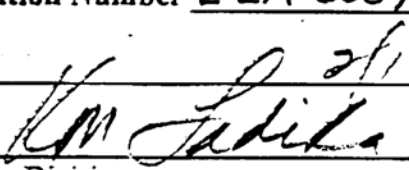
3. Company/Operator Antidrug Program Manager (ADPM): Mike Wessels

Type of Operator:

- Part 121.
- Part 135.
- Part 135.1(c) operator (sightseeing only).
- Part 145 (repair station)
- ATC facility.
- Contractor.

FAA Certificate Number

 N/A
 USCR533K
 N/A
 N/A

FOR FAA USE ONLY	
Plan Identification Number	<u>E-EA-00091-U [D-SO-918]</u>
APPROVED	<u></u>
Drug Abatement Division Federal Aviation Administration	

REPLACES: E-SW-00206-U [D-SO-039]

ANTIDRUG PLAN/ALCOHOL MISUSE PREVENTION PROGRAM
CERTIFICATION STATEMENT

New Plan Plan Amendment

1. Company/Operator Name U. S. AEROSPACE, LLC
d/b/a (if applicable) _____
Address 2270 AIRPORT RD
City SELMER State TN Zip 38375
Telephone: (voice) 731-645-9988 (fax) 731-645-9974

Previously approved identification number E-FA 00091U (D-50-008)

2. Antidrug Program Manager: MIKE WESSELS

3. Type of Operator	FAA Certificate Number	Issue Date
<input type="checkbox"/> Part 121.		
<input type="checkbox"/> Part 135.		
<input type="checkbox"/> Part 135.1(c) operator (sightseeing only).	N/A	N/A
<input checked="" type="checkbox"/> Part 145 (repair station).	<u>USCR533K</u>	<u>AUG 27 4, 1985</u>
<input type="checkbox"/> ATC facility.	N/A	NA
<input type="checkbox"/> Contractor.	N/A	NA

4. Number of Safety-Sensitive Employees:

Flight Crewmember	_____	Aircraft Maintenance	_____
Flight Attendant	_____	Aviation Screening	_____
Flight Instructor	_____	Ground Security Coordinator	_____
Aircraft Dispatcher	_____	Air Traffic Control	_____
Total	_____		_____

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FOR FAA USE ONLY

Identification Number _____

APPROVED _____

Drug Abatement Division
Federal Aviation Administration

This change to your antidrug/alcohol program
has been received and entered MAR 11 2002

C. Hammond
Drug Abatement Division