

| NATIONAL TRANSPORTATION SAFETY BOARD                                                                                                                                                                                                                                         |                  | ACCIDENT NUMBER:              |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|----------|
| RETENTION / RELEASE OF WRECKAGE RELATED TO ACCIDENT NUMBER ►                                                                                                                                                                                                                 |                  | CEN17LA023                    |          |
| For Use In All Modal Investigations                                                                                                                                                                                                                                          |                  |                               |          |
| REGISTERED OWNER (name and address)                                                                                                                                                                                                                                          |                  | IDENTIFICATION NUMBER         |          |
| Jeremy Zigmond<br>[REDACTED]                                                                                                                                                                                                                                                 |                  | N97634                        |          |
| San Antonio, TX 78216                                                                                                                                                                                                                                                        |                  | MAKE                          |          |
|                                                                                                                                                                                                                                                                              |                  | Stinson                       |          |
| LOCATION                                                                                                                                                                                                                                                                     | DATE OF ACCIDENT | MODEL                         |          |
| Austin, TX                                                                                                                                                                                                                                                                   | 10/18/16         | 108                           |          |
| RETAINED BY NTSB REPRESENTATIVE                                                                                                                                                                                                                                              |                  | TITLE                         | DATE     |
|                                                                                                                                                                                                                                                                              |                  |                               |          |
| The National Transportation Safety Board has <input type="checkbox"/> has not <input checked="" type="checkbox"/> completed its investigation of the wreckage described above. All recovered wreckage except that listed in the evidence control form(s) is hereby released. |                  |                               |          |
| <input checked="" type="checkbox"/> NO PARTS RETAINED                                                                                                                                                                                                                        |                  |                               |          |
| RELEASED BY NTSB REPRESENTATIVE                                                                                                                                                                                                                                              |                  | TITLE                         | DATE     |
| Courtney Liedler                                                                                                                                                                                                                                                             |                  | IIC - Air Safety Investigator | 10/21/16 |
| (This section may be acknowledged by a person, not the owner or owner's representative, who has knowledge of the disposition of the recovered wreckage and its parts. Such acknowledgement does not place responsibility for disposition of the wreckage upon that person.)  |                  |                               |          |
| I HEREBY ACKNOWLEDGE:                                                                                                                                                                                                                                                        |                  |                               |          |
| <input type="checkbox"/> Receipt of the above described wreckage.                                                                                                                                                                                                            |                  |                               |          |
| <input type="checkbox"/> Removal of the parts, if any, listed in the evidence control form(s).                                                                                                                                                                               |                  |                               |          |
| PERSON MAKING ACKNOWLEDGEMENT                                                                                                                                                                                                                                                |                  | TITLE                         | DATE     |
| Jeremy Zigmond [REDACTED]                                                                                                                                                                                                                                                    |                  | Owner                         | 10/21/16 |
| ADDRESS                                                                                                                                                                                                                                                                      |                  | PHONE NUMBER & EMAIL          |          |
| [REDACTED] San Antonio, TX 78216                                                                                                                                                                                                                                             |                  | [REDACTED]                    |          |
| REMARKS:                                                                                                                                                                                                                                                                     |                  |                               |          |
|                                                                                                                                                                                                                                                                              |                  |                               |          |