DATE / YEAR	AIRCRAFT MAKE & MODEL	AIRCRAFT IDENT.	ROUTE OF FLIGHT FROM	ROUTE OF FLIGHT TO	REMARKS, PROCEDURES, MANEUVERS	NO. LAND. DAY/NIGHT	NO. INSTR. APP.
8/8	PA28140	N57329	KAXH	KLBX KAXH	TOUCH & GOS, CROSSWIND LANDING	7	
8/13	PA28140	N5809	KAXH	KAXH	TOUCH & GOS	8	
8/29	PA28140	N5809	KAXH	KCLL KAXH	CROSS COUNTRY (PRE-SOLO)	2	
					PAGE TOTAL		
					AMT. FORWARD	65	
					TOTAL TO DATE		

I certify that the statements made by me on this form are true.

PILOT'S SIGNATURE: ____________________

	AIRCRAFT CATEGORY AND CLASS: AIRPLANE SEL	AIRPLANE MEL			CONDITIONS OF FLIGHT: NIGHT	ACTUAL INSTRUMENT	SIMULATED INSTRUMENT	FLIGHT TRAINING DEVICE	TYPE OF PILOTING TIME: FLIGHT TRAINING	SOLO ~~OR PIC~~	CROSS-COUNTRY	PIC	TOTAL DURATION OF FLIGHT
8/8	1 8		[redacted]						1 8				1 8
8/13	1 3								1 3				1 3
8/29	2 5								2 5		2 5		2 5
PAGE TOTAL													
AMT. FORWARD	150 3						5	1 6	148 5	1 5	5 5	1 5	150 3
TOTAL TO DATE													