United States of America

Department of Transportation—Federal Aviation Administration

Supplemental Type Certificate

Number SA3479NM

This certificate, issued to Gulfstream Aerospace Corporation

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b* *of the* Civil Air *Regulations.* * (For Certification Basis See T.C. Data Sheet A12EA.)

Original Product—Type Certificate Number: A12EA

Make: Gulfstream

Model: G-1159A

Description of Type Design Change: Installation of cabin observer seat in accordance with FAA approved Gulfstream Aerospace Corporation IL11011097, Revision "J" dated May 4, 1987.

Limitations and Conditions: An FAA approved oxygen system must be installed for use by the occupant of this seat. This approval is limited to the installation made on Gulfstream Aerospace Corporation Model G-1159A Serial Number 472.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: April 18, 1986

Date reissued:

Date of issuance: June 18, 1987

Date amended:

By direction of the Administrator

Donald Armstrong

Acting Manager, Los Angeles Aircraft Certification Office

(Signature)

(Title)

Any alteration of this certificate is punishable by a fine of not exceeding $1,000, or imprisonment not exceeding 3 years, or both.

This certificate may be transferred in accordance with FAR 21.47.

FAA Form 8110-2 (10-68)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

_____
(City, State, and ZIP code)

from *(Name of grantor) (Print or type)* _____

(Address of grantor) _____
(Number and street)

_____
(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

_____

_____

_____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____