

## MEDICAL CERTIFICATE FIRST CLASS

This certifies that *(Full name and address)*:

ANDIE Elizabeth PFANNKUCH  
435 Galbreath Ct  
Fort Mill SC 29708 USA

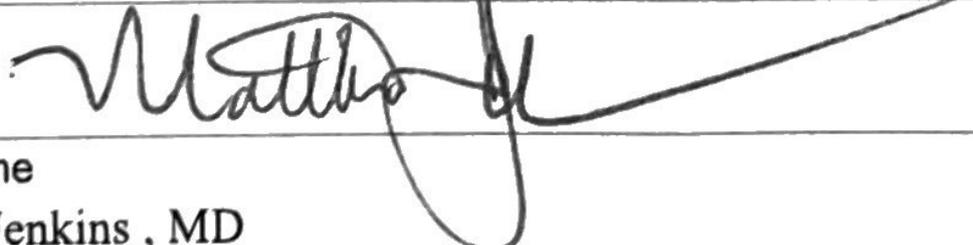
Date of Birth	Height	Weight	Hair	Eyes	Sex
06/10/2005	65	131	BROWN	HAZEL	F

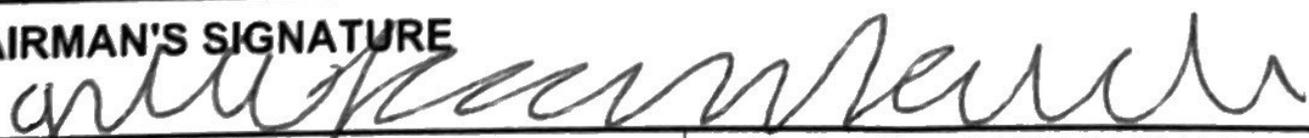
has met the medical standards prescribed in part 67, Federal Aviation Regulations, for this class of Medical Certificate.

**Limitations**  
None

Date of Examination  
09/14/2021

Examiner's Designation No.  
000021461

**Examiner**  
Signature  
  
Typed Name  
Matthew Jenkins, MD

**AIRMAN'S SIGNATURE**  


Applicant ID: 2002318755

Control No.: 200009652616