^s	State of Rhode Island and Providence Plantations Office of the Secretary of State		
HOPE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
Certificate Request F	Form		
Request Information (E	ntity Name is only required for a C	ertificate of Non-Existence)	
ID	ENTITY NAME	CERTIFICATE TYPE	
000560500	US Airways, Inc.	Certificate of Fact / Certificate of Revocation	
Filer's Contact Information (Enter a contact name, mailing address and email.)			
Contact Name: FRED N	<u>IASON, ESQ.</u>		
Business Name:			
No. and Street: 20 CED. City or Town: SMITHE Contact Phone: 4012322	FIELD	State: <u>RI</u> Zip: <u>02917</u> Count	ry: <u>US</u>
Contact Email: <u>FMASONJR0@MASONASSOCIATESPC.COM</u>			
Please provide an email address to receive an expedited response from us if the filing is rejected			
for any reason. If no email address is provided, we will respond by mail.			
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