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OMB NO 2105-0009

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U.S. Department of Transportation
Office of the Secretary of Transportation

STATEMENT OF CHARTER OPERATOR AND DIRECT AIR CARRIER
FLIGHT SCHEDULE NUMBER HE-SP-06-1

INSTRUCTIONS: Submit this form in duplicate to U.S. Department of Transportation, Special Authorities Division, X-57, Office of Aviation Analysis, 400 7th Street, SW, Washington, DC 20590. Date of filing for purposes of DOT regulations is the date properly completed forms are received by DOT.

1a. Name (and DBA, if applicable) and Mailing Address of Charter Operator

Holiday Express Inc.
Attn: Mike Hays
8101 Boat Club Rd. Suite #110
Fort Worth, TX 76179

1b. Telephone Number () 817-236-3201
Fax Number () 817-236-3201

2a. Name (and DBA, if applicable) and Mailing Address of Direct Air Carrier:

American Airlines, Inc.
Attn: Sally Minacapelli
4255 Amon Carter Blvd. MD4413
Fort Worth, TX 76155

2b. Telephone Number () 817-577-8903
Fax Number () 817-656-5538

3. Proposed date and routing of each flight (use additional pages, if necessary)

Jan. 28, 2006 BNA-GUC
Feb. 1, 2006 GUC-BNA

4. Type of aircraft and number of seats engaged:

757
188 seats

5. Charter price of each flight:

§ Confidential

6. Tour itinerary (if any) including hotels (names and length of stay at each), and other accommodations and services:

Ski Trip

*If confidentiality is desired, please state charter price in separate correspondence.

This filing has been assigned number
PC 06-014 and will be reviewed by
[Signature]
Any future correspondence concerning this
filing should be addressed to this person
and should refer to the PC number.
This filing was received by DOT on
1/23/06. Unless the charterer is
otherwise notified, advertising of the
program may begin on 1/17/06.
Special Authorities Division, X-57
Office of Aviation Analysis
Department of Transportation
Accepted by Waiver No. _____



06 JAN 18

We, Holiday Express, Inc.
(Charter Operator)

and American Airlines, Inc.
(Direct Air Carrier)

certify that we have entered into a charter contract on 1-13-04
(Date) that covers the flight schedule described above. The contract complies with all applicable DOT regulations.

7. A copy of the flight schedule has been sent to (complete applicable blanks and write "N/A." in those not applicable):

Fort Worth National Bank, Arlington Banking Center
(Charter Operator's Securer)

Fort Worth National Bank, Arlington Banking Center
(Charter Operator's Depository Bank)

N/A
(Direct Carrier's Securer)

N/A
(Direct Carrier's Depository Bank)

DE JAN 18

8. Applicant is a U.S. Public Charter Operator as defined in Section 380.2 of the Department's regulations:

Thomas M. Hays (Signature of Officer) Thomas M. Hays (Name in print) President (Title)

9. **CHARTER OPERATOR**

BY: Thomas M. Hays
(Signature)

Thomas M. Hays
(Name in print)

President
(Title)

817-236-3201 , 817-236-3204
(Phone Number) (Fax Number)

8101 Boat Club Rd. Suite #110
(Street, Box Number)

Fort Worth, TX 76179
(City, State, Zip Code)

1-12-04
(Date)

DIRECT AIR CARRIER

BY: Sally Minacapelli
(Signature)

Sally Minacapelli
(Name in print)

Manager Charter Services
(Title)

817-577-8903 , 817-656-5538
(Phone Number) (Fax Number)

4255 Amon Carter Blvd. MD 4413
(Street, Box Number)

Fort Worth, TX 76155
(City, State, Zip Code)

1-13-04
(Date)