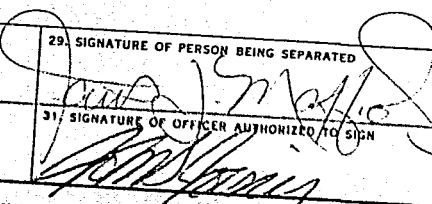
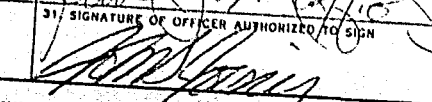


63614

N13+

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

Vol. M79 Page 5203

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>MAFFIOLI, James Joseph</b>			2. SEX <b>M</b>			3. SOCIAL SECURITY NUMBER <b>541 66 4215</b>			4. DATE OF BIRTH <b>54 03 13</b>		
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>USMC-11</b>			6a. GRADE, RATE OR RANK <b>SGT</b>			b. PAY GRADE <b>E-5</b>			7. DATE OF RANK <b>74 12 01</b>		
8a. SELECTIVE SERVICE NUMBER <b>UNKNOWN</b>			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>UNKNOWN</b>			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>2433 Orchard Avenue Klamath Falls, OR 97601</b>					
9a. TYPE OF SEPARATION <b>Transferred to the Marine Corps Reserve</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>SEPS/DRAFT BRANCH H&amp;S MCAS EL TORO</b>			RUC-02206					
c. AUTHORITY AND REASON			d. EFFECTIVE DATE <b>76 01 23</b>			f. TYPE OF CERTIFICATE ISSUED <b>N/A</b>			10. REENLISTMENT CODE		
e. CHARACTER OF SERVICE <b>HONORABLE</b>			11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>3dMAW, MCAS EL TORO, SANTA ANA, CA</b>			12. COMMAND TO WHICH TRANSFERRED <b>MCRFAA (CODE AFR), KSC, MO 64131</b>			15. DATE ENTERED ACTIVE DUTY THIS PERIOD <b>72 01 17</b>		
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION <b>78 01 24</b>			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>PORTLAND, OR</b>			16. PRIMARY SPECIALTY NUMBER AND TITLE <b>3072 AvnSupMan</b>			17. SECONDARY SPECIALTY NUMBER AND TITLE <b>NONE</b>		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>223.138 StockControlSupr</b>			18. RECORD OF SERVICE			20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL <b>11</b> YRS (1-12 grades) COLLEGE _____ YRS		
21. TIME LOST (Preceding Two Yrs) <b>NONE</b>			22. DAYS ACCRUED LEAVE PAID <b>8.0 DAYS</b>			23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE			24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT <b>N/A</b>		
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>National Defense Service Medal Meritorious Mast Rifle Expert Good Conduct Medal</b>			25. PERSONNEL SECURITY INVESTIGATION a. TYPE <b>ENTNAC</b> b. DATE COMPLETED <b>720209</b>								
27. REMARKS <b>Good Conduct Medal Period Commenced: 750117 (2ndAwd)</b> <b>AFUN"p"</b> <b>AK</b>											
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) <b>Rt #1, Box 1 Klamath Falls, OR 97601</b>						29. SIGNATURE OF PERSON BEING SEPARATED 					
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOHN S. JOINER, CAPT, USMCR OIC, JOINT RECEPTION CENTER</b>						31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 					

DD FORM 1 NOV 72 214 MC

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.REPORT OF SEPARATION  
FROM ACTIVE DUTY (1900)

INDIV - I

STATE OF OREGON; COUNTY OF KLAMATH; SS.

I hereby certify that the within instrument was received and filed for record on the 7th day of March A.D., 19 79 at 11:41 o'clock AM, and duly recorded in Vol. M-79 of Discharges on Page 5203.

FEE No Fee

WM. D. MILNE, County Clerk

By Regueline D. Metter Deputy