

DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, first, middle) THOMAS, DAVID LESLIE		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NO. 544 84 3208				
4a. GRADE, RATE OR RANK PVT	4b. PAY GRADE E-1	5. DATE OF BIRTH 610120	6. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND, OR					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MCAGCC, 29 Palms, CA 92278			8. STATION WHERE SEPARATED 10W Co, (RUC 21456) 3d Tdhn, MCAGCC, 29 Palms, CA 92278					
9. COMMAND TO WHICH TRANSFERRED MARINE CORPS RESERVE SUPPORT CENTER (MCRSC) KANSAS CITY, MO 64131			10. SGU COVERAGE AMOUNTS 35 000 ☐ NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 0331 MACHINE GUNNER			12. RECORD OF SERVICE					
			a. Date Entered AD This Period			YEAR (s)	MON (s)	DAY (s)
			b. Separation Date This Period			79	02	09
			c. Net Active Service This Period			82	01	20
			d. Total Prior Active Service			02	11	12
			e. Total Prior Inactive Service			00	00	00
			f. Foreign Service			00	00	20
			g. Sea Service			00	00	00
			h. Effective Date of Pay Grade			00	00	00
i. Reserve Oblig. Term. Date			81	11	30			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE								
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) NONE								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM ☐ YES ☒ NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT ☐ YES ☒ NO		17. DAYS ACCRUED LEAVE PAID REMAIN.5 SLEED.0			
18. REMARKS UA/ANOL 2 DAS 800102 to 800104 UA/ANOL 68 DAS 810716 to 810922								
19. MAILING ADDRESS AFTER SEPARATION 1001 ELDERADO AVE., KLAMATH FALLS, OR 97601			20. MEMBER REQUESTS COPY 6 BE SENT TO OR DIR. OF VET AFFAIRS ☐ YES ☐ NO					
21. SIGNATURE OF MEMBER BEING SEPARATED 			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN R. G. STUMP MAJ					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Includes upgrades) UNDER HONORABLE CONDITIONS (GENERAL)	
25. SEPARATION AUTHORITY MARCORPSEPMAN PAR 6012.5		26. SEPARATION CODE JFG-8	27. REENLISTMENT CODE RE-4
28. NARRATIVE REASON FOR SEPARATION MARINE CORPS EXPEDITIOUS DISCHARGE PROGRAM - CIRCUMSTANCES			
29. DATES OF TIME LOST DURING THIS PERIOD "SEE REMARKS"		30. MEMBER REQUESTS COPY 4 DLT INITIALS	

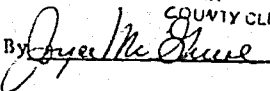
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the
26 day of January A.D., 19 82 at 3:31 o'clock p M., and duly recorded in
Vol M 82 of Discharges on Page 1056.

Fee \$ No Fee

EVELYN BIEHN

COUNTY CLERK

By  deputy