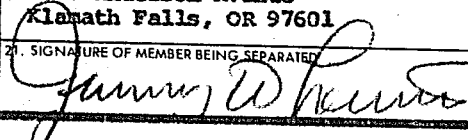


DD FORM 214 1 JUL 79		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY	
1. NAME (Last, first, middle) LEWIS, JIMMY DARREL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY RA		3. SOCIAL SECURITY NO. 540 42 8498	
4a. GRADE, RATE OR RANK SFC	4b. PAY GRADE E-7	5. DATE OF BIRTH 390401	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 104th MI Bn HQ FORSCOM FC			8. STATION WHERE SEPARATED Fort Carson, CO		
9. COMMAND TO WHICH TRANSFERRED USAR Control Group (Retirement) RCPAC 9700 Page Blvd St. Louis, MO 63132			10. SGLI COVERAGE AMOUNT \$ 35 000 <input type="checkbox"/> NONE		
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) 97B40 Counterintelligence Agent 10 years 6 months 96B00 Intelligence Analyst 4 years 1 month 71L40 Administrative Specialist 13 years 5 months			12. RECORD OF SERVICE		
			a. Date Entered AD This Period		
			b. Separation Date This Period		
			c. Net Active Service This Period		
			d. Total Prior Active Service		
			e. Total Prior Inactive Service		
			f. Foreign Service		
			g. Sea Service		
			h. Effective Date of Pay Grade		
i. Reserve Oblig. Term. Date					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Good Conduct Medal w/5th Award; National Defense Service Medal; Armed Forces Expeditionary Medal; Army Commendation Medal; Non-Commissioned Officer Professional Development Ribbon (3); Overseas Service Ribbon (2); Army Service Ribbon; Expert Badge (Rifle M-16); Expert Badge (.45 Caliber Pistol)					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) NA					
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID .5
18. REMARKS NOTHING FOLLOWS					
19. MAILING ADDRESS AFTER SEPARATION 3520 Anderson Avenue Klamath Falls, OR 97601			20. MEMBER REQUESTS COPY & BE SENT TO <u>OR</u> DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED 			22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN LEO B. JONES CHIEF, TRANSFER POINT		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Retirement	24. CHARACTER OF SERVICE (Includes upgrades) Honorable	
25. SEPARATION AUTHORITY Chapter 12, AR 635-200	26. SEPARATION CODE RBD	27. REENLISTMENT CODE RE-4
28. NARRATIVE REASON FOR SEPARATION Required service for retirement (less than maximum)		
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY & BE 11715 INITIALS

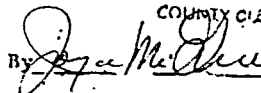
State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

7 day of Sept A.D., 1982 at 11:17 o'clock A M., and duly recorded inVol M 82 of Discharges on page 11714.Fee \$ No Fee

EVELYN BIEHN

COUNTY CLERK

By  deputy