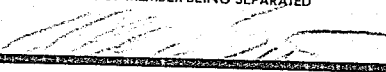


DD FORM
1 JUL 79 214PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE.CERTIFICATE OF RELEASE OR DISCHARGE
FROM ACTIVE DUTY

1. NAME (Last, first, middle) SWIFT, ALLEN CHRISTOPHER		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 540 88 1508	
4a. GRADE, RATE OR RANK SPC	4b. PAY GRADE E-4	5. DATE OF BIRTH 680225	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR		
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3/187th Inf 101st Abn Div (AASLT)			8. STATION WHERE SEPARATED Fort Campbell, KY		
9. COMMAND TO WHICH TRANSFERRED HHC 1/187th Inf, 1424 East Main Street, Ashland, OR 97520-1310			10. SGU COVERAGE AMOUNT \$ 50,000 <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) 91A10-Medical Specialist, 2 Years and 7 Months//NOTHING FOLLOWS//			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//Army Service Ribbon//Sharpshooter Badge M16 Rifle//Expert Badge Hand Grenade//Army Lapel Button//Air Assault Badge//NOTHING FOLLOWS//					
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Medical Specialist Course, 10 Weeks (Aug 86)//NOTHING FOLLOWS//					
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
18. REMARKS Dental care was not provided within 90 days prior to separation//Delayed Entry Program: (860128-860305)//NOTHING FOLLOWS//					
19. MAILING ADDRESS AFTER SEPARATION 5513 Homer Klamath Falls, OR 97603 (Klamath County)			20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> OR DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
21. SIGNATURE OF MEMBER BEING SEPARATED 		22. TYPED NAME, GRADE, RATE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN JAMES T. JONES, GS7, CH, TRANSITION POINT			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY CHAPTER 4, AR 635-200		26. SEPARATION CODE LBK	
28. NARRATIVE REASON FOR SEPARATION EXPIRATION TERM OF SERVICE		27. REENLISTMENT CODE RE-1	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 DCS INITIALS	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Allen Christopher Swift the 13th day of March A.D., 19 89 at 12:05 o'clock P.M., and duly recorded in Vol. M89 of Discharges on Page 4220.

FEE none

Evelyn Biehn County Clerk

By Pauline Muller