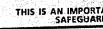
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	A. MILITARY EDUCATION (Course title, number PRIMARY LEADERSHIP DEV CR. 4 WITTER STATEMENT OF THE PRIMARY LEADERSHIP DEV CR. 4 WITTER STATEMENT OF THE PRIMARY LEADERSHIP DEV CR. 4 WITTER STATEMENT OF THE PRIMARY STATEMENT OF THE PRIMARY OF THE PRIMARY STATEMENT OF THE PRI	Yes N. Yes Yes N. Yes Y	OLLOWS  and month a EB 98//GE  15.b. HIGH S EQUIVE PPROPRIATE DENI  NAMUAL SCI S AT THE EB//NOTH:	CHOOL GRADUATE OR YES NO LICENT YES NO THEATHERT WITHIN 90 ERENING//PLOCK 6, PERI REGUEST AND FOR THE CLOUDS TO FOLLOWS  19.b. NEAREST RELATIVE (Name of ADDRESS SAME AS BLOCK AS DECIDED TO THE CLOUDS)	16. DAYS AC  NONE  DAYS PRIOR TO SEPA  ON USE DEP: ONVENIENCE	ARPSHOGTE  //NOTHING  CRUED LEAV  NATION Yes	E PAID  No. No.





CERTIFICATE OF RELEASE OR	RTMENT, COMPONENT AND BRANCH	3.	SOCIAL SECU	RITY NO.
AME (Last, First, Wildule)		5	71 13	1815
TON DESIGN WILLIAM	5. DATE OF BIRTH (YYMMDD)	6. RESERVE	OBLIG. TERM.	DATE
GRADE, IDATE OF THE	innasa	Year 94	Month 97	Day 2/
PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME Of address if known)	F ENTRY (City	and state, or	Complete
RTLAND, OR	SHADY COVE, OR			
	8.b. STATION WHERE SEPARATED			
LAST DUTY ASSIGNMENT AND MAJOR COMMAND	FORT DIX, NEW JERSEY	88649-72	39	
D, 3D BH, 77TH AR, USAREUR E5	PURT DIA, NEW SERVE.	10. SGLI CO	VERAGE	None
COMMAND TO WHICH TRANSFERRED	D. ST LOUIS, NO 63132	Amount	· \$ 58,898	
PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
engelalty Tiet additional specially humbers and these	a. Date Littered A.D. Title	87	96	<u>26</u> 63
periods of one or more years.) pk189800 H1 ABRAHS ARHOR CRMN2 YRS-10	b. Separation Date This Period c. Net Active Service This Period	98	68	13
18//HOTHING FOLLOWS	d. Total Prior Active Service	99	69	80
	e. Total Prior Inactive Service	68	88	68
	f. Foreign Service	92	99	14
	g. Sea Service	99	99	60
	h. Effective Date of Pay Grade	88	18	10
DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RMY SERVICE RIBBON/ARMY ACHIEVEHENT HEDAL	RIBBONS AWARDED OR AUTHORIZED	(All periods of	service)	
Yes No 15.b.		16 DAYS	ACCRUED LEA	AVE PAID
a. MEMBER CONTRIBUTED TO POST-VICTORIA	FORWALENT	MUNE		
WEMBER CONTRIBUTED TO POSITIVE PROGRAM  VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIA  REMARKS  SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNIA  SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNIA	EQUIVALENT  ATE DENTAL SERVICES AND TREATMENT WITHIN 90  AL SCREENING//BLOCK 6, PER  THE REDIEST AND FOR THE	MONE DAYS PRIOR TO	SEPARATION	Yes y !
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**MEMBER CONTRIBUTED TO ASSISTANCE PROGRAM Y  VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  **MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIA  **B. REMARKS  **SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUA  **B. REMARKS  **SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUA  **B. REMARKS  **SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUA  **SUBJE	EQUIVALENT  ATE DENTAL SERVICES AND TREATMENT WITHIN 90  AL SCREENING/BLOCK 6, PER  THE REQUEST AND FOR THE  MOTHING FOLLOWS	MONE DAYS PRIOR TO  LIGO OF DE CONVENIEN	SEPARATION PE	Yes W
**MEMBER CONTINUITY OF SERVICE WAS PROGRAM Y VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  **MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIA  **REMARKS** **CIBLECT TO ACTIVE DUTY RECALL AND/OR ANNUA **SCIBLECT TO ACTIVE DUTY RECALL AND/OR	EQUIVALENT  ATE DENTAL SERVICES AND TREATMENT WITHIN 90  AL SCREENING/BLOCK 6, PER  THE REGIREST AND FOR THE  MOTHING FOLLOWS  19.b. NEAREST RELATIVE (Na	MONE DAYS PRIOR TO LIGO OF DE CONVENIEN  me and addre	SEPARATION PE	Yes W
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**MEMBER CONTRIBUTED OF SET SEPARATION (Include Zip Code)  9.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)  5319 HWY 149 W  KLAMATH FALLS, OR 97691  O MEMBER REQUESTS COPY 6 BE SENT TO DE DIR. OF VET AFFAIRS W	19.b. NEAREST RELATIVE (Na MARTI BROWN "ADDRESS SAME AS BY Signature)  19.b. No 22. OFFICIAL AUTHORIZED TO Signature)	MONE DAYS PRIOR TO  LOO OF DE CONVENIEN  THE AND ADDRESS  SIGN (Typed	SEPARATION PE CE OF THE SS - include Zi name, grade	p Code)
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WEMBER CONTINUED TO VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  WEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIA  IN REMARKS  SIBLECT TO ACTIVE DUTY RECALL AND/OR ANNUA  360728-878425//EXTENSION OF SERVICE WAS AT  SIVERMENT/OD FORM 214 ISSUED ON 988838//  9.3. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)  5310 HWY 140 W  KLAMATH FALLS, OR 97491  0. MEMBER REQUESTS COPY 6 BE SENT TO DE DIR. OF VET AFFAIRS Y  11. SIGNATURE OF MEMBER BEING SEPARATED  SPECIAL ADDITIONAL INFORMA  23. TYPE OF SEPARATION  FELEASE FROM ACTIVE DUTY  25. SEPARATION AUTHORITY  AR 635-200 PARA 16-8  20. NARRATIVE REASON FOR SEPARATION  CONVENIENCE OF THE COVERNMENT, 1998 EARLY  29. DATES OF TIME LOST DURING THIS PERIOD HONE  DD FORM 214. NOV 88  Previou  STATE OF OREGON: COUNTY OF KLAMATH: SS.	19.b. NEAREST RELATIVE (Na MARTI BROWN "ADDRESS SAME AS BY SIGNATURE)  VINCINIA NO 22. OFFICIAL AUTHORIZED TO SIGNATURE)  VINCINIA H. CHERRY  ATION (For use by authorized agencies)  24. CHARACTER OF SERVICE (IN HONORABLE)  26. SEPARATION CODE  L.C.  TRANSITION PROGRAM	me and address of the second s	SEPARATION  Pa CE OF THE SS - include Zi name, grade  TPC SG  NTRY CODE  MBER REQUES  N	p Code)  title and  TS COPY Ir  AEMBER
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