CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

9200037 CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
PAIC, DURO	ARMY/USAR	350-72-9609

4.a. GRADE, RATE OR RANK	4.b. PAY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG. TERM. DATE
PV1	E-1	710728	Year 97 Month 11 Day 02

7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
DES PLAINES, IL	1111 LUCAS CALUMET CITY, IL 60409

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED
CO B 787TH MP BN FORT MCCLELLAN, AL TC	FORT MCCLELLAN, AL

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
822 MP CO 6540 MANHEIM ROSEMONT, IL 60018	☐ None Amount: $ 50,000

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)
95B10 MILITARY POLICE//NOTHING FOLLOWS

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	89	12	28
b. Separation Date This Period	90	05	03
c. Net Active Service This Period	00	04	06
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	01	25
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	89	11	03

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY SERVICE RIBBON//RIFLE M-16 (SHARPSHOOTER)//HAND GRENADE (SHARPSHOOTER)//PISTOL .45 CAL (EXPERT)//PISTOL 9MM(MARKSMAN)//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
LAW ENFORCEMENT COURSE, 17 WEEKS, MAY 90//NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		X		X		11

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION — NA Yes — NA No

18. REMARKS
NOTHING FOLLOWS

ROBERT [illegible] RECORDER
JAN 16 9 05 AM '97
STATE OF ILLINOIS LAKE COUNTY FILED FOR

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.b. NEAREST RELATIVE (Name and address - Include Zip Code)
1111 LUCAS CALUMET CITY, IL 60409	NIKOLA PAIC ADDRESS SAME AS BLOCK 19A

20. MEMBER REQUESTS COPY 6 BE SENT TO ____ DIR. OF VET AFFAIRS	Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
		X	R.M. BROWN WO1 USA CHIEF TRANSITION POINT

21. SIGNATURE OF MEMBER BEING SEPARATED
Duro Paic

DD Form 214, NOV 88 — Previous editions are obsolete. — MEMBER - 1

RELEASE FROM ...

25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
SELF TERMINATING ORDER 225-14 DTD 891103	NA	NA

28. NARRATIVE REASON FOR SEPARATION
COMPLETION OF PERIOD OF ADT

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
NONE	Initials

DD Form 214, NOV 88 — Previous editions are obsolete. — MEMBER - 4

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