

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

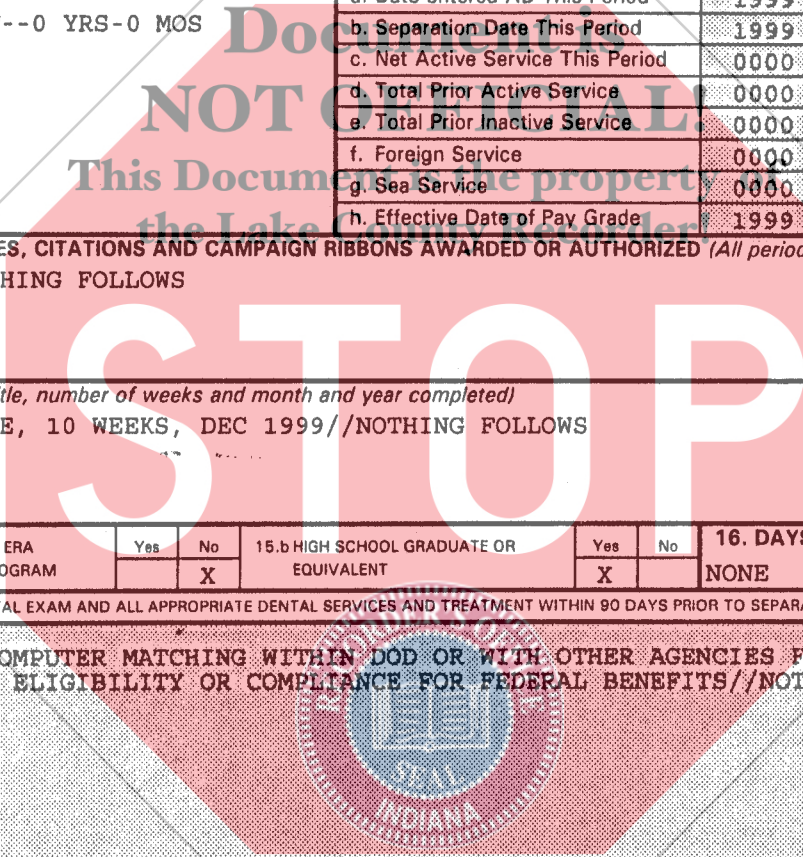
ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>SMITH, ROBERT ARNOLD</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/USAR</b>		3. SOCIAL SECURITY NO. 309   02   7232	
4.a. GRADE, RATE, OR RANK <b>PV1</b>	4.b. PAY GRADE <b>E1</b>	5. DATE OF BIRTH (YYYYMMDD) 19810218		6. RESERVE OBLIG. TERM. DATE Year 2007   Month 02   Day 18	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY <b>GARY, IN</b>		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1540 KENTUCKY GARY, IN 46408			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND W3VZ E 232 MD BN CTR BDE TR MC		8.b. STATION WHERE SEPARATED FORT SAM HOUSTON, TX 78234-5028			
9. COMMAND TO WHICH TRANSFERRED 7203 USA MED SPT GARY IN 46404			10. SGLI COVERAGE None Amount: \$ 200,000.00		
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.) 91B10 MEDICAL SPECIALIST--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		1999	07
		b. Separation Date This Period		1999	12
		c. Net Active Service This Period		0000	04
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	04
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
		h. Effective Date of Pay Grade		1999	02
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) MEDICAL SPECIALIST COURSE, 10 WEEKS, DEC 1999//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	
				No	
		X		NONE	
16. DAYS ACCRUED LEAVE PAID					
NONE					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1540 KENTUCKY GARY, IN 46408			19.b. NEAREST RELATIVE (Name and address - include Zip Code) ROBERT L SMITH 1540 KENTUCKY GARY, IN 46408		
20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR OF VET. AFFAIRS		X	Yes	No	
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Robert L Smith</i>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <i>[Signature]</i> L S RICEBERG, GS07, ASST CHIEF TRANS SVCS			

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY MEPS SELF-TERMINATING ORDERS 031-26	26. SEPARATION CODE NA	27. REENTRY CODE NA	
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF PERIOD OF ADT		n/c [Signature]	
29. DATES OF TIME LOST DURING THIS PERIOD NONE			
		30. MEMBER REQUESTS COPY 4 Initials	



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 2000 JAN -7 PM 11:54  
 MORRIS W. CAHILL  
 RECORDER

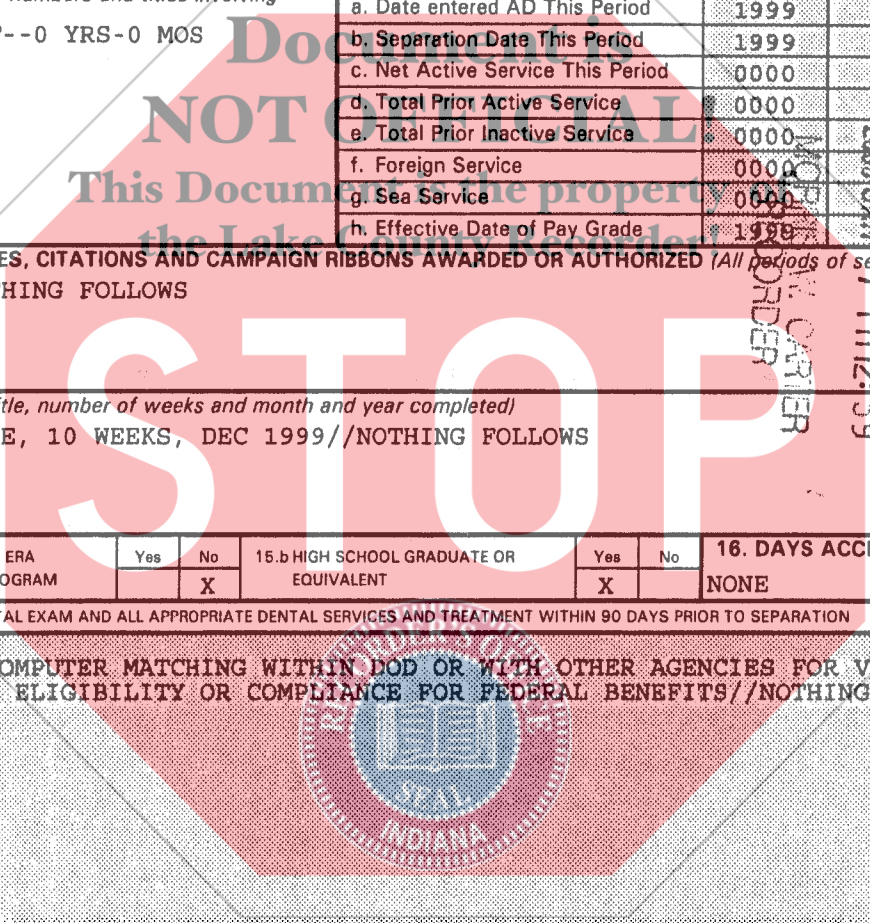
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11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 91B10 MEDICAL SPECIALIST--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	1999	07	14
		b. Separation Date This Period	1999	12	09
		c. Net Active Service This Period	0000	04	26
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	24	25
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) MEDICAL SPECIALIST COURSE, 10 WEEKS, DEC 1999//NOTHING FOLLOWS			
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>		16. DAYS ACCRUED LEAVE PAID NONE	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS					
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21. SIGNATURE OF MEMBER BEING SEPARATED <i>Robert R. Smith</i>					



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 ORDER  
 7 PH12:59  
 STATE OF INDIANA  
 DEPARTMENT OF STATE SECURITY  
 FILED

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
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29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials <i>Mc BK</i>	