1. NAME (Lest, First, Middle). 2. DEPART		CTIVE DUTY
ROSEBERRY, RACHEL ANN ARMY/AR		314 90 0391
4.a GRADE, RATE, OR RANK 4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE
PV1 E1	19830711	Year 2008 Month 08 Day
7.a PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME OF address if known)	FENTRY (City and state, or complete
	6412 OHIO AVENUE	
DES PLAINES, IL	HAMMOND, IN 46323-0000	····
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.6 STATION WHERE SEPARATED	
W1D5 CO W TR TC	FORT LEE, VA 23801	Table and a second seco
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE Non
HHC 113TH ENGR BN, 2501 EAST 15TH AVENUE, GAR  11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving		Amount: \$ 250,000.00
	12. RECORD OF SERVICE	Year(s) Month(s) Day(s
neriods of one or more years.)	a. Date entered AD This Period	2001 07 08
92A1O 00 AUTOMATED LOGISTICAL SPECIALIST0 YRS-3 MOS//NOTHING FOLLOWS	b. Separation Date This Period	2001 12 11
TRO 5 HOD// NOTHERO TODDONO	c. Net Active Service This Period d. Total Prior Active Service	0000 05 04
	e. Total Prior Active Service	0000 00 00
	f. Foreign Service	0000 10 22
	g. Sea Service	0000 00 00
	h. Effective Date of Pay Grade	2000 08 16
NOTOF	FICIAL	16. DAYS ACCRUED LEAVE PAIL
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA  VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM  VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	SCHOOL GRADUATE OR Yes No	16. DATS ACCRUED LEAVE PAIL
7 1110 1 0 0 0 1111 0 110 10	the property of	13.0
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL	SERVICES AND TREATMENT WITHIN 90 DAYS PR	RIOR TO SEPARATION Yes X
7 1110 1 0 0 0 1111 111 11	SERVICES AND TREATMENT WITHIN 90 DAYS PR	ENOR TO SEPARATION Yes X  ENCIES FOR VERIFICATION  ITS//MEMBER HAS COMPLET
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL  18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPL FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS  19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	IN DOD OR WITH OTHER AGIANCE FOR FEDERAL BENEF  1/15/2002 Book Page Instrument Number 2002 ROSEBERRY RACHEL A Filed in the State of India By Recorder MORRIS  19.6 NEAREST RELATIVE (Nan	ENOR TO SEPARATION Yes X  ENCIES FOR VERIFICATION  ITS//MEMBER HAS COMPLET
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL  18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPL FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS  19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6412 OHIO AVENUE HAMMOND, IN 46323-0000	IN DOD OR WITH OTHER AGIANCE FOR FEDERAL BENEF  1/15/2002 Book Page Instrument Number 2002 ROSEBERRY RACHEL A Filed in the State of India By Recorder MORRIS  1/19.b NEAREST RELATIVE (Nan LISA S MASSEY 6412 OHIO AVENUE HAMMOND, IN 46323-0	ENGR TO SEPARATION  Pos X  ENCIES FOR VERIFICATION  ITS//MEMBER HAS COMPLET
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL  18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPL FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS  19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6412 OHIO AVENUE HAMMOND, IN 46323-0000	IN DOD OR WITH OTHER AGIANCE FOR FEDERAL BENEF  1/15/2002 Book Page Instrument Number 2002 ROSEBERRY RACHEL A Filed in the State of India By Recorder MORRIS  1/15 NEAREST RELATIVE (Nan LISA S MASSEY 6412 OHIO AVENUE HAMMOND, IN 46323-0	ENCIES FOR VERIFICATION ITS//MEMBER HAS COMPLET 3-005233 INN na County of Lake W. CARTER 100000

CERTIFICATE OF RELEASE OR D	DISCHARGE FROM AC	TIVE DUTY
	MENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO.
ROSEBERRY, RACHEL ANN ARMY/ARI		314 90 0391
4.a GRADE, RATE, OR RANK 4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE
PV1 E1	19830711	Year 2008 Month 08 Day 15
7.a PLACE OF ENTRY INTO ACTIVE DUTY	address if known) 16412 OHIO AVENUE	ENTRY (City and state, or complete
DES PLAINES, IL	HAMMOND, IN 46323-0000	
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATED	
WID5 CO W TR TC	FORT LEE, VA 23801	
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE None
HHC 113TH ENGR BN, 2501 EAST 15TH AVENUE, GAR	Y, IN 46402	Amount: \$ 250,000.00
11 PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s) Month(s) Day(s)
specialty. List additional specialty numbers and titles involving periods of one or more years.)	a. Date entered AD This Period	2001 07 08
92A1O 00 AUTOMATED LOGISTICAL SPECIALIST0	b. Separation Date This Period	2001 12 11
YRS-3 MOS//NOTHING FOLLOWS	c. Net Active Service This Period	0000 05 04
	d. Total Prior Active Service	0000 00 00
	e. Total Prior Inactive Service	0000 10 22
	f. Foreign Service	0000 00 00
	g. Sea Service	0000 00 00
	h. Effective Date of Pay Grade	2000 08 16
14. MILITARY EDUCATION (Course title, number of weeks and month automated LOGISTICAL SPECIALIST, 12 WEEKS, DE	ec 2001//NOTHING FOLLOWS	
NOTOF	EICIAIA	
15.a MEMBER CONTRIBUTED TO POST-VIETNAM, ERA Yes No 15.b HIG	H SCHOOL GRADUATE OR Yes No	16. DAYS ACCRUED LEAVE PAID
VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	JIVALENT	13.0
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL	SERVICES AND TREATMENT WITHIN 90 DAYS P	RIOR TO SEPARATION Yes X No
JATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPIFIRST FULL TERM OF SERVICE//NOTHING FOLLOWS	JIANCE FOR FEDERAL BENEF	11S//WEDBER RAS COMPUSID
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19 b NEAREST RELATIVE (Nar	ne and address - include Zip Code)
6412 OHIO AVENUE HAMMOND, IN 46323-0000	6412 OHIO AVENUE HAMMOND, IN 46323-0	000
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR OF VET. AFFAIRS X Ves	Na 72 OFFICIAL AUTHORIZED TO	SIGN (Typed name, grade, title
21. SIGNATURE OF MEMBER BEING SEPARATED	HARMISTINE M. MALLOR	Y, ASST RET SVCS OFFICER
		<u> </u>
	MATION (For use by authorized agencia	
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Inc. UNCHARACTER IZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE		
29 DATES OF TIME LOST DURING THIS PERIOD		30, MEMBER REQUESTS COPY 4

1