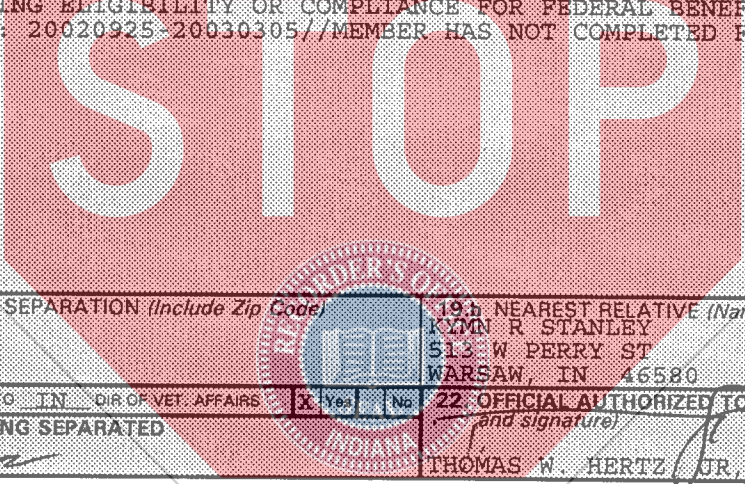


3

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) LUCAS, MICHAEL ANDRE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 316   88   2661		
4.a GRADE, RATE, OR RANK PV1	4.b PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19830109		6. RESERVE OBLIG. TERM. DATE Year 0000   Month 00   Day 00		
7.a PLACE OF ENTRY INTO ACTIVE DUTY INDIANAPOLIS, IN		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 513 W PERRY ST WARSAW, IN 46580				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W1L4 CO F (PROVISIONAL) 2ND 81 TC		8.b STATION WHERE SEPARATED FORT KNOX, KY 40121-5000				
9. COMMAND TO WHICH TRANSFERRED NA		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00				
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.) NONE//NOTHING FOLLOWS		12. RECORD OF SERVICE				
		Year(s)	Month(s)	Day(s)		
		a. Date entered AD This Period	2003	03	06	
		b. Separation Date This Period	2003	05	12	
		c. Net Active Service This Period	0000	02	07	
		d. Total Prior Active Service	0000	00	00	
		e. Total Prior Inactive Service	0000	00	00	
		f. Foreign Service	0000	00	00	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS		16. DAYS ACCRUED LEAVE PAID 6				
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS		15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No						
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//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20020925-20030305//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS						
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 7545 BEECH AVENUE HAMMOND, IN 46324			19.b NEAREST RELATIVE (Name and address - include Zip Code) KYM R STANLEY 513 W PERRY ST WARSAW, IN 46580			
20. MEMBER REQUESTS COPY 8 BE SENT TO IN DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) THOMAS W. HERTZ JR, GS07, CHIEF, TRANS CTR				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Michael Lucas</i>						
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED				
25. SEPARATION AUTHORITY AR 635-200, PARA 5-11		26. SEPARATION CODE JFW		27. REENTRY CODE 3		
28. NARRATIVE REASON FOR SEPARATION FAILED MEDICAL/PHYSICAL PROCUREMENT STANDARDS						
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 Initials <i>M/C</i>		

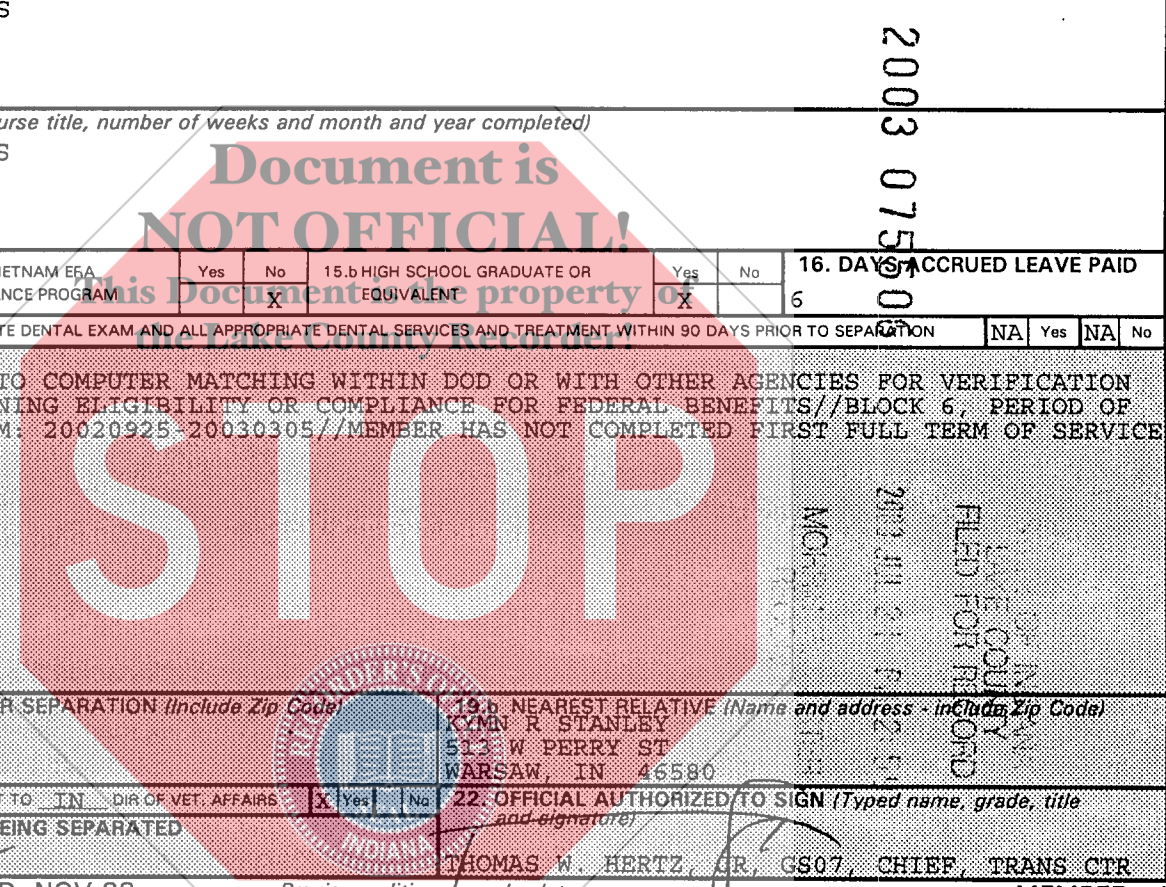
Document is NOT OFFICIAL!



2003 075506

# CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>LUCAS, MICHAEL ANDRE</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/RA</b>		3. SOCIAL SECURITY NO. <b>316 88 2661</b>	
4.a GRADE, RATE, OR RANK <b>PV1</b>	4.b PAY GRADE <b>E1</b>	5. DATE OF BIRTH (YYYYMMDD) <b>19830109</b>		6. RESERVE OBLIG. TERM. DATE Year <b>0000</b> Month <b>00</b> Day <b>00</b>	
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>INDIANAPOLIS, IN</b>		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) <b>513 W PERRY ST WARSAW, IN 46580</b>			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>W1L4 CO F (PROVISIONAL) 2ND 81 TC</b>		8.b STATION WHERE SEPARATED <b>FORT KNOX, KY 40121-5000</b>			
9. COMMAND TO WHICH TRANSFERRED <b>NA</b>				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>250,000.00</b>	
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.) <b>NONE//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		<b>2003</b>	<b>03</b>
		b. Separation Date This Period		<b>2003</b>	<b>05</b>
		c. Net Active Service This Period		<b>0000</b>	<b>02</b>
		d. Total Prior Active Service		<b>0000</b>	<b>00</b>
		e. Total Prior Inactive Service		<b>0000</b>	<b>00</b>
		f. Foreign Service		<b>0000</b>	<b>00</b>
		g. Sea Service		<b>0000</b>	<b>00</b>
		h. Effective Date of Pay Grade		<b>2003</b>	<b>03</b>
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>NONE//NOTHING FOLLOWS</b>					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) <b>NONE//NOTHING FOLLOWS</b>					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
			<input checked="" type="checkbox"/>		
				16. DAYS ACCRUED LEAVE PAID <b>6</b>	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No					
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//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20020925-20030305//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE //NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) <b>7545 BEECH AVENUE HAMMOND, IN 46324</b>			19.b NEAREST RELATIVE (Name and address - include Zip Code) <b>KYMN R STANLEY 513 W PERRY ST WARSAW, IN 46580</b>		
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> IN <input type="checkbox"/> DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>THOMAS W. HERTZ, SR, GS07, CHIEF, TRANS CTR</b>		
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Michael Lucas</i>					



*N/C*

