

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME DAVIS, BOBBY JOE		2. SERVICE NUMBER NONE		3. SOCIAL SECURITY NUMBER 397 54 5536														
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS IF			5a. GRADE, RATE OR RANK SP4	b. PAY GRADE E4	6. DATE OF RANK DAY: 16 MONTH: Mar YEAR: 72	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO												
	8. PLACE OF BIRTH (City and State or Country) Memphis, TN			9. DATE OF BIRTH DAY: 16 MONTH: Jul YEAR: 49															
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 12 170 49 260		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB#170, Gary, IN 46407			c. DATE INDUCTED DAY: 21 MONTH: Jan YEAR: 71													
	11a. TYPE OF TRANSFER OR DISCHARGE Trans To USAR SEE ITEM 16		b. STATION OR INSTALLATION AT WHICH EFFECTED FT SILL, OK		c. REASON AND AUTHORITY 5a Cir 655-134 SPN: 432 & CMT 3 CMDR USAFACFS Dtd 13 Nov 72														
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co A 4th Bn 31st Inf, 5th USA		13a. CHARACTER OF SERVICE HONORABLE		d. EFFECTIVE DATE DAY: 22 MONTH: Nov YEAR: 72		2007 0955095												
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Trans To 431st QM Co, Gary, IN 46406		15. REENLISTMENT CODE RES 2		e. TYPE OF CERTIFICATE ISSUED NONE														
	16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION DAY: 20 MONTH: Jan YEAR: 77		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER NA		b. TERM OF SERVICE (Years) 2		c. DATE OF ENTRY DAY: NA MONTH: NA YEAR: NA												
	18. PRIOR REGULAR ENLISTMENTS None		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PVI E1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, ILL														
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1283 W 19th Ave Gary (Lake), IN 46407		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS												
	23a. SPECIALTY NUMBER & TITLE 11B20 (None) May 71 Lt Wpns Inf		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		<table border="1"> <tr> <td>(1) NET SERVICE THIS PERIOD</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>2</td> <td>1</td> <td>2</td> </tr> </table>			(1) NET SERVICE THIS PERIOD	2	0	1	(2) OTHER SERVICE	0	1	1	(3) TOTAL (Line (1) plus Line (2))	2	1	2
	(1) NET SERVICE THIS PERIOD	2	0	1															
	(2) OTHER SERVICE	0	1	1															
	(3) TOTAL (Line (1) plus Line (2))	2	1	2															
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM, VSM, RVNCM W/60 DEVICE, 1 O/S BAR, SPS QUAL BADGE		c. FOREIGN AND/OR SEA SERVICE		STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL A. BROWN RECORDER AM 10:49															
25. EDUCATION AND TRAINING COMPLETED Lt Wpns Infan/11B10/Ft Lewis, WA/8/71		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA													
26a. NON PAY PERIODS TIME LOST (Preceding Two Years) None		b. DAYS ACCRUED LEAVE PAID 0		28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE													
VA AND EMP SERVICE DATA	30. REMARKS Civilian Education: 60 SH - Math Blood Group: B Pos Excess Leave: None Days Lost 10 USC 972: None Vietnam Service: 29 Jan 72 - 6 Aug 72 INDOCHINA: NO KOREA: NO																		
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 1283 W 19th Ave Gary (Lake), IN 46407			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Bobby J Davis</i>															
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER PAUL E. REPSHER, CW3, USA, ASST AG			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>															