ENTIFICATION PURPOSES		SAFEGUARI			157/	NE ITO ETT	FORM VOID	
C			DISCHARGE FRO					
1. NAME (Last, First, Middle)	MPONENT AND BRANCH		1 2 3	SECURITY				
BIDDLE, JEREMIAH WAYNE ARMY/RA					197	68	2909	
4a. GRADE, RATE OR RANK	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD) 6. RESER (YYYYM			E OBLIGATION TERMINATION DATE ADD) 20131228			
7a. PLACE OF ENTRY INTO ACTIVE DUTY HAMMOND, INDIANA 7522 WALNU			b. HOME OF RECORD AT TIME OF ENTRY (City and					
			22 WALNUT AVE					
			NDIANA 46324-0000 b. STATION WHERE SEPARATED					
			FORT HOOD, TX 76544-5056					
010012ARHHC FC 9. COMMAND TO WHICH TRANS	EEDDEN		FORT HOOD, IX	76344-3030		OVERAGE	NONE	
	PERKED					NT: \$400,		
SEE BLOCK 18	nher title and years and n	nonths in	12. RECORD OF SER	VICE	YEAR(S)	MONTH(S)	DAY(S)	
PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 8W1O HEALTH CARE SPECIALIS - 1 YRS 6 MOS// NOTHING FOLLOWS			a. DATE ENTERED AD THIS PERIOD			212	29	
			b. SEPARATION DATE		2008	3 03	12	
			c. NET ACTIVE SERVICE		0002	02	14	
					0002	A 2007 - NO. 00	0.0	
			d. TOTAL PRIOR ACTIVE SERVICE e. TOTAL PRIOR INACTIVE SERVICE		0000		00	
			f. FOREIGN SERVICE		0001	10 01	28	
			g. SEA SERVICE		0000	00	00	
			h. EFFECTIVE DATE OF PAY GRADE		2007	The state of the s	01	
//OVERSEAS SERVICE RIP BADGE//NOTHING FOLLOWS	NIC	TOI	ment is		and for	Account of the control of the contro	T	
15a. MEMBER CONTRIBUTED TO b. HIGH SCHOOL GRADUATE		VETERANS' ED	UCATIONAL ASSISTAN	NCE PROGRAM		X YES	X NO	
16. DAYS ACCRUED LEAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE YES N						YES NO		
18. REMARKS /////////////	111111111111111111111111111111111111111	111111111111	111111111111111111111111111111111111111	[]	11/1/1/1/1/	//4////////	HTHIII.	
SUBJECT TO ACTIVE DUT DAYS FOR THE CONVENIE	Y RECALL. MUST	ER DUTY AN	O/OR ANNUAL SCR	EENING//RE	TAINED	IN SERVI	JB:-75	
DANGER PAY AREA//SERV	ICE IN IRAO 200	061004-200	70917//MEMBER H	AS COMPLET	ED FIRST	r FULL TI	ERM OF	
SERVICE//BLOCK 9: HHC	2-151 INF (CA	RRIE, (WPQ	V90)) 1901 S KE	MBLE AVE S	OUTH BEI	ND_{\star} IN 4	5613//	
NOTHING FOLLOWS				10.00	10 A 14	N T		
The information contained herein is so	thiect to computer matchi	ng within the Den	ertment of Defense or with	any other affected	Federal or no	on-Federal age	incy for	
verification purposes and to determine	e eligibility for, and/or cont	tinued compliance	with, the requirements of	a Federal benefit p	rogram.			
19a. MAILING ADDRESS AFTER	SEPARATION (Include 2	ZIP Code)	b. NEAREST RELAT	FIVE (Name and a	ddress – inclu	ıde ZIP Code)		
7522 WALNUT AVE	243 RAYMOND S'		/					
HAMMOND INDIANA 46324			GRIFFITH INDI	ANA 46326/				
20. MEMBER REQUESTS COPY		IN	DIRECTOR OF VETE			X YES	ио	
21. SIGNATURE OF MEMBER BI	EING SEPARATED	Z. OFFICI	AL AUTHORIZED TO SI	(Typed name,	grade, title al	no signature)		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)							
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades)						
RELEASE FROM ACTIVE DUTY	HONORABLE						
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE					
AR 635-200, CHAP 4	мвк	1					
28. NARRATIVE REASON FOR SEPARATION							
COMPLETION OF REQUIRED ACTIVE SERVICE							
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE	30. MEMBER REQUESTS COPY 4 (Initials) JWB						