

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

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

3

1. NAME (Last, First, Middle) NICHOLLS, CYLE JACOB		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER 530 63 4185	
4a. GRADE, RATE OR RANK SPC	b. PAY GRADE E04	5. DATE OF BIRTH (YYYYMMDD) 19911013	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20210513		
7a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, ILLINOIS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 7305 W 86TH AVE CROWN POINT INDIANA 46307-0000			

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 0173CSCO C MEDICAL CO E1		b. STATION WHERE SEPARATED ITALY TC, IT, APO AE 09630			
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9. COMMAND TO WHICH TRANSFERRED USAR CON GP (REINF) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122			10. SGLI COVERAGE AMOUNT \$400,000.00		
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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.) 68W1P HEALTH CARE SPECIALIST - 3 YRS 4 MOS// NOTHING FOLLOWS	12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
	a. DATE ENTERED AD THIS PERIOD	2013	08	26	
	b. SEPARATION DATE THIS PERIOD	2017	08	25	
	c. NET ACTIVE SERVICE THIS PERIOD	0004	00	00	
	d. TOTAL PRIOR ACTIVE SERVICE	0000	00	00	
	e. TOTAL PRIOR INACTIVE SERVICE	0000	00	00	
	f. FOREIGN SERVICE	0003	03	06	
	g. SEA SERVICE	0000	00	00	
	h. INITIAL ENTRY TRAINING	0000	08	05	
	i. EFFECTIVE DATE OF PAY GRADE	2015	08	26	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//PARACHUTIST BADGE//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed) AIRBORNE, 3 WEEKS, 2014//EMERG MED TECH-AMB CRS, 8 WEEKS, 2014//HAZ-MAT DRIVER TRNG, 1 WEEK, 2016//NOTHING FOLLOWS			
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15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )		YES	NO

16. DAYS ACCRUED LEAVE PAID 0.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
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18. REMARKS  
SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20130514-20130525//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 525 NORTH OAKWOOD STREET GRIFFITH INDIANA 46319	b. NEAREST RELATIVE (Name and address - Include ZIP Code) SANDRA B. NICHOLLS 7310 WEST 83RD LANE CROWN POINT INDIANA 46307
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20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IN OFFICE OF VETERANS AFFAIRS		X	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)			YES	X NO

21a. MEMBER SIGNATURE NICHOLLS, CYLE J ACOB:1469088134	b. DATE (YYYYMMDD) 20170717	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ABRAMS, MARY M.1181381414 MARY ABRAMS, SENIOR TRANSITION SPEC	b. DATE (YYYYMMDD) 20170717
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STATE OF INDIANA  
 LAKE COUNTY  
 FILED  
 2017 OCT - 6 PM 3:03  
 MICHAEL B. BROWN  
 RECORDER

*NIC*

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

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<b>1. NAME (Last, First, Middle)</b> NICHOLLS, CYLE JACOB		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> ARMY/RA		<b>3. SOCIAL SECURITY NUMBER</b> 530 63 4185		
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<b>9. COMMAND TO WHICH TRANSFERRED</b> USAR CON GP (REINF) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122				<b>10. SGLI COVERAGE</b> AMOUNT \$400,000.00 NONE		
<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> 68W1P HEALTH CARE SPECIALIST - 3 YRS 4 MOS// NOTHING FOLLOWS		<b>12. RECORD OF SERVICE</b>		YEAR(S)	MONTH(S)	DAY(S)
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<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//PARACHUTIST BADGE//NOTHING FOLLOWS			<b>14. MILITARY EDUCATION (Course title, number of weeks, and months and year completed)</b> AIRBORNE, 3 WEEKS, 2014//EMERG MED TECH-AMB CRS, 8 WEEKS, 2014//HAZ-MAT DRIVER TRNG, 1 WEEK, 2016//NOTHING FOLLOWS			
<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b> NO						
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b> NO						
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )</b> NO						
<b>16. DAYS ACCRUED LEAVE PAID</b> 0.5		<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b> YES X				
<b>18. REMARKS</b> SUBJECT TO ACTIVE DUTY RECALL, MUSTER DUTY AND/OR ANNUAL SCREENING//BLOCK 6 PERIOD OF DELAYED ENTRY PROGRAM: 20130514-20130525//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS						
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<b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) IN OFFICE OF VETERANS AFFAIRS</b> X YES NO						
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b> YES X NO						
<b>21a. MEMBER SIGNATURE</b> ESIGNED BY: NICHOLLS.CYLE.JACOB.1469 088134		<b>b. DATE (YYYYMMDD)</b> 20170717	<b>22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)</b> ESIGNED BY: ABRAMS.MARY.M.1181381414 MARY ABRAMS, SENIOR TRANSITION SPEC		<b>b. DATE (YYYYMMDD)</b> 20170717	

2017 OCT - 8  
 STATE OF INDIANA  
 FILED FOR RECORD  
 MICHAEL B. RECORD

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



*Michael B. Brown*

Recorder of Deeds  
Lake County Indiana  
2293 North Main Street  
Crown Point, IN 46307  
219-755-3730

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## *Certification Letter*

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State of Indiana )  
                          ) SS  
County of Lake )

This is to certify that I, Michael B. Brown, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

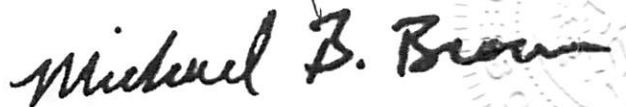
**UNITED STATES DISCHARGE  
CYLE JACOB NICHOLLS**

as recorded as **2017-068327**

as this said document was present for the recordation when **MICHAEL B. BROWN**  
was Recorder at the time of filing of said document

Dated this **6TH** day of **October**, **2017**

  
\_\_\_\_\_  
Deputy Recorder

  
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Michael B. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002