DD Form 214-AUTOMATED, NOV 88

CERTIFICATE OF RELEASE OR I	DISCHARGE FROM A	CTIVE DUTY	
	TMENT, COMPONENT AND BRANCH	38.50(6)/41	SECURITY NO.
SOUTHERLAND, AARON DOUGLAS ARMY/AR 4.5 GRADE, RATE, OR RANK 4.5 PAY GRADE	NG 5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG.	5301
PV1 E1	19751020		
7.a PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME (address if known)		
GENOA, NV	GENOA, NV 89411-0000		
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATE		
W1D7 CO C 1 BN 222 AVN REGT TR TC	FT EUSTIS, VA 23604	\ \	
9. COMMAND TO WHICH TRANSFERRED	111 100110, VII 23004	10. SGLI COVERAGE	None
SEE BLOCK 18.		Amount: \$ 200,	
11. PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s) Month(
specialty. List additional specialty numbers and titles involving periods of one or more years.) 67U1O 00 CH-47 HELICOPTER REP0 YRS-0 MOS	a. Date entered AD This Period	1995 01	03
67U1O 00 CH-47 HELICOPTER REP0 YRS-0 MOS	b. Separation Date This Period	1995 06	30
//NOTHING FOLLOWS	c. Net Active Service This Period	0000 05	28
	d. Total Prior Active Service	0000 00	0.0
	e. Total Prior Inactive Service	0000 04	0.7
	f. Foreign Service	0000 00	00
	g. Sea Service	0000 00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN I	h. Effective Date of Pay Grade	1994 08	26
14. MILITARY EDUCATION (Course title, number of weeks and month a CH-47 HELICOPTER REPAIRER COURSE, 15 WEEKS, 1			
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA Yes No 15.b HIGH	SCHOOL GRADUATE OR Yes No	16. DAYS ACCRUED	LEAVE PAID
	VALENT	15	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL S	SERVICES AND TREATMENT WITHIN 90 DAYS	PRIOR TO SEPARATION	Yes X No
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPL AVN (WYEAAA) 4600 ALPHA AVENUE BUILDING 8201	IANCE FOR FEDERAL BENEF RENO NV 89506-1276/	TITS//BLOCK 9: CC/NOTHING FOLLOWS	D D 113TH
19:a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) PO BOX 193 GENOA, NV 89411-0000	19.6 NEAREST RELATIVE (Na. MARY K SHARRON 2273 MAIN STREET GENOA, WV 89411-000	10	
20 MEMBER REQUESTS COPY 6 BE SENT TO NV DIR OF VET AFFAIRS X Yes 21 SIGNATURE OF MEMBER BEING SEPARATED	ROSE H ANDERSON, CF	* Undercor	

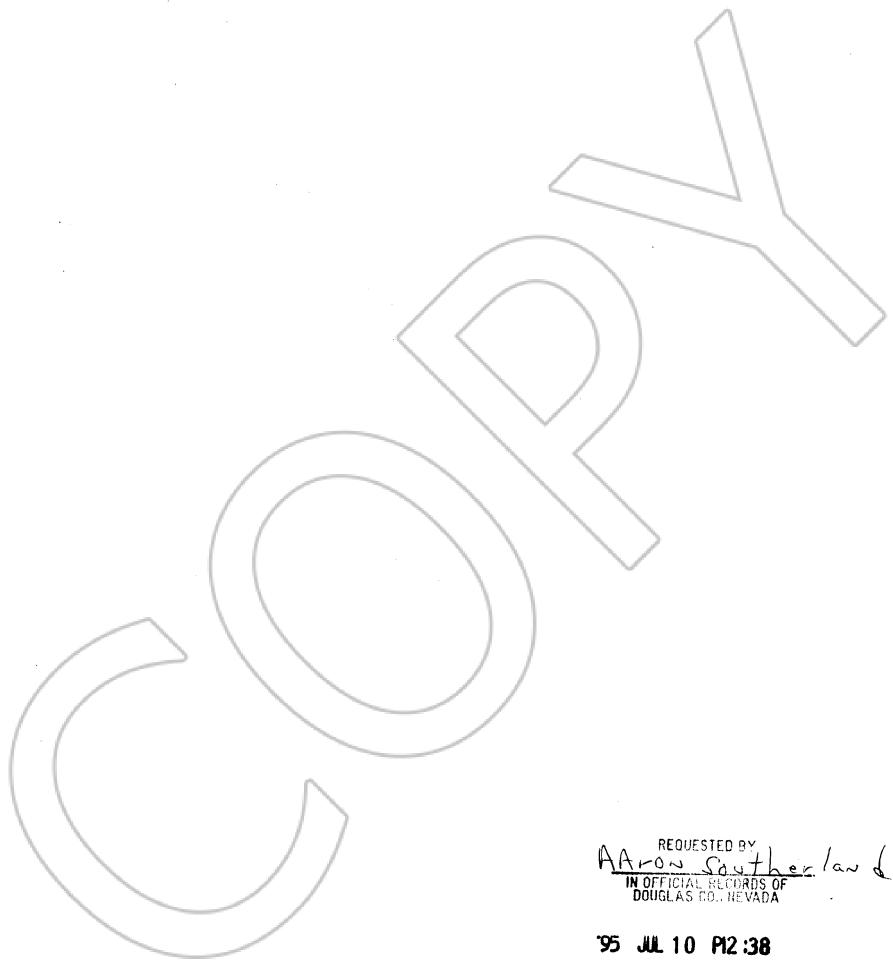
Previous editions are obsolete.

365833 BK0795PG0974 MEMBER - 1

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, First, Middle) 2. DEPART SOUTHERLAND, AARON DOUGLAS ARMY/AR	TMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO. 5301		
4.a GRADE, RATE, OR RANK 4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE		
PV1 E1	19751020	Year 2002 Month 08 Day 25		
7.a PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME OF address if known)	ENTRY (City and state, or complete		
GENOA, NV	GENOA, NV 89411-0000			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATED	\ \		
W1D7 CO C 1 BN 222 AVN REGT TR TC	FT EUSTIS, VA 23604			
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE None		
SEE BLOCK 18.		Amount: \$ 200,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving	12. RECORD OF SERVICE	Year(s) Month(s) Day(s)		
periods of one or more years.) 67U1O 00 CH-47 HELICOPTER REP0 YRS-0 MOS	a. Date entered AD This Period	1995 01 03		
//NOTHING FOLLOWS	b. Separation Date This Period	1995 06 30		
, , ,	c. Net Active Service This Period	0000 05 28		
	d. Total Prior Active Service	0000 00 00		
	e. Total Prior Inactive Service	0000 04 07		
	f. Foreign Service	0000 00 00		
	g. Sea Service	0000 00 00		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN I	h. Effective Date of Pay Grade	1994 08 26		
14. MILITARY EDUCATION (Course title, number of weeks and month a CH-47 HELICOPTER REPAIRER COURSE, 15 WEEKS, 1	The state of the s			
/ / /	SCHOOL GRADUATE OR Yes No YALENT X	16. DAYS ACCRUED LEAVE PAID		
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL S				
18.REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH PURPOSES AND DETERMINING ELIGIBILITY OR COMPL AVN (WYEAAA) 4600 ALPHA AVENUE BUILDING 8201 I	IANCE FOR FEDERAL BENEFI	NCIES FOR VERIFICATION		
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) PO BOX 193 GENOA, NV 89411+0000 20. MEMBER REQUESTS COPY 6 BE SENT TO NV DIR OF VET AFFAIRS X Vea 21. SIGNATURE OF MEMBER BEING SEPARATED SPECIAL ADDITIONAL INFORMA	19.b NEAREST RELATIVE (Name MARY K SHARRON 22.73 MAIN STREET GENOA, WV 89411-0000 No 22. OFFICIAL AUTHORIZED TO Sand signature) ROSE H ANDERSON CHI	SIGN/Typed name, grade, title HAMELOGY EF, TRANSITION POINT		
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Inclu	**************************************		
The Control of				

SPECIAL ADDITIONAL I	IFORMATION (Far use by authorized ago	encies anly)		
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE	(Include upgrades)		
RELEASE FROM ACTIVE DUTY TRAINING	HONORABLE	HONORABLE		
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE		
AR 635-200, CHAP 4	MBK	NA		
28. NARRATIVE REASON FOR SEPARATION				
COMPLETION OF REQUIRED ACTIVE SERVICE				
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBEB REQUESTS COP	Y 4	
NONE			itials	

Please call: 182-7933



365833 BK0795PG0976

LINDA SLATER RECORDER S PAID KO DEPUTY