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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY		
1. NAME (Last, First, Middle) 2. DEPARTMENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY NO DOSH, ERIK CLAUSE ARMY/RA 530 62 3849		
4.a GRADE, RATE, OR RANK 4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIG. TERM. DATE
SGT E5	19740308	Year 0000 Month 00 Day 00
7.a PLACE OF ENTRY INTO ACTIVE DUTY	address if known)	ENTRY (City and state, or complete URMALINE
SACRAMENTO, CA	RENO, NV 89511	·
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATED	\ \
0005RIN BN 01 RIFLE CO B FC	FORT LEWIS, WA 98433	\ \
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COVERAGE None
DET 1 HHC 1ST BN 221 (WVKWT1) 895 EAST RICHARI	S ST FALLON NV 89406	Amount: \$ 250,000.00
11. PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s) Month(s) Day(s)
specialty. List additional specialty numbers and titles involving periods of one or more years.)	a. Date entered AD This Period	1998 10 07
periods of one or more years.) 11B2O 00 INFANTRYMAN3 YRS-0 MOS//NOTHING	b. Separation Date This Period	2000 10 06
FOLLOWS	c. Net Active Service This Period	0002 00 00
	d. Total Prior Active Service	0001 07 04
	e. Total Prior Inactive Service	0004 08 09
	f. Foreign Service	0000 00 00
	g. Sea Service	0000 00 000
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN R	h. Effective Date of Pay Grade	2000 09 01
ARMY ACHIEVEMENT MEDAL (2ND AWARD) //NATIONAL DEFENSE SERVICE MEDAL//NCO PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//MULTINATIONAL FORCE AND OBSERVERS MEDAL (2ND AWARD) //EXPERT INFANTRYMAN BADGE//PARACHUTIST BADGE//NOTHING FOLLOWS		
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) PRIMARY LEADERSHIP DEVELOPMENT CRS, 4 WEEKS, 2000//NOTHING FOLLOWS		
PRIMARI LEADERSHIP DEVELOPMENT CRS, 4 WEERS, 2000//NOTHING FOLLOWS		
, , , , , , , , , , , , , , , , , , , 	SCHOOL GRADUATE OR Yes No X	16. DAYS ACCRUED LEAVE PAID NONE
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL S	ERVICES AND TREATMENT WITHIN 90 DAYS PRI	OR TO SEPARATION Yes X No
18 REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIFIEST FUEL TERM OF SERVICE//NOTHING FOLLOWS	FOR FEDERAL BENEFIT	MEMBER HAS COMPLETED
19 a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 847 CABERNET #A GARDNERVILLE, NV 89410	MARCIA DOSH 847 CABERNET #A GARDNERVILLE, NV 894	
20. MEMBER REQUESTS COPY 6 BE SENT TO NOV OR OF VET AFFAIRS X Yes 21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO S	Sign (Typeg name, grade, utle
21 GOVERNOON DELING SEPARATED	LARRY H. CLAY, GS9, C	HIEF THANSITION CENTER
CDUMIA ADDITIONAL INTO THE CONTROL OF THE CONTROL O	\ TION /E	
23. TYPE OF SEPARATION	TION (For use by authoxized agencies 24. CHARACTER OF SERVICE (Inclu	
DISCHARGE		an approness
25. SEPARATION AUTHORITY	HONORABLE 26. SEPARATION CODE	27. REENTRY CODE
AR 635-200, CHAP 4	KBK	1
28. NARRATIVE REASON FOR SEPARATION	PLUI	<u> </u>
COMPLETION OF REQUIRED ACTIVE SERVICE	0521353	
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4

Initials

DOSH, ERIK 265-3945



REQUESTED BY, IN OFFICIAL RECORDS OF DOUGLAS CO. HEVADA

2001 AUG 24 PH 12: 42

LINDA SLATER RECORDER

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