

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) MOLINARES, JAVIER ENRIQUE	2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA	3. SOCIAL SECURITY NO. 590 11 5915
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4.a GRADE, RATE, OR RANK SPC	4.b PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19720903	6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00
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7.a PLACE OF ENTRY INTO ACTIVE DUTY MIAMI, FL	7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 5660 SW 149TH AVENUE MIAMI, FL 33193
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8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND MED HOLD CO FC	8.b STATION WHERE SEPARATED FORT BRAGG, NC 28310-5000
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9. COMMAND TO WHICH TRANSFERRED USAR CRTLGP (RET) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132	10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00
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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.) 11B1P C2 INFANTRYMAN--3 YRS-3 MOS//NOTHING FOLLOWS	12. RECORD OF SERVICE																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Year(s)</th> <th style="text-align: center;">Month(s)</th> <th style="text-align: center;">Day(s)</th> </tr> </thead> <tbody> <tr> <td>a. Date entered AD This Period</td> <td style="text-align: center;">1995</td> <td style="text-align: center;">09</td> <td style="text-align: center;">11</td> </tr> <tr> <td>b. Separation Date This Period</td> <td style="text-align: center;">1999</td> <td style="text-align: center;">08</td> <td style="text-align: center;">09</td> </tr> <tr> <td>c. Net Active Service This Period</td> <td style="text-align: center;">0003</td> <td style="text-align: center;">10</td> <td style="text-align: center;">29</td> </tr> <tr> <td>d. Total Prior Active Service</td> <td style="text-align: center;">0000</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> </tr> <tr> <td>e. Total Prior Inactive Service</td> <td style="text-align: center;">0000</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> </tr> <tr> <td>f. Foreign Service</td> <td style="text-align: center;">0000</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> </tr> <tr> <td>g. Sea Service</td> <td style="text-align: center;">0000</td> <td style="text-align: center;">00</td> <td style="text-align: center;">00</td> </tr> <tr> <td>h. Effective Date of Pay Grade</td> <td style="text-align: center;">1997</td> <td style="text-align: center;">10</td> <td style="text-align: center;">01</td> </tr> </tbody> </table>		Year(s)	Month(s)	Day(s)	a. Date entered AD This Period	1995	09	11	b. Separation Date This Period	1999	08	09	c. Net Active Service This Period	0003	10	29	d. Total Prior Active Service	0000	00	00	e. Total Prior Inactive Service	0000	00	00	f. Foreign Service	0000	00	00	g. Sea Service	0000	00	00	h. Effective Date of Pay Grade	1997	10	01
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13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
ARMY SERVICE RIBBON//PARACHUTIST BADGE//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks and month and year completed)
NONE//NOTHING FOLLOWS

15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
	X			X		24

17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//SUBJECT TO ACTIVE DUTY RECALL BY THE SECRETARY OF THE ARMY//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19950509-19950910//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5000 WOODLAKE DRIVE NE #202 PALM BAY, FL 32905	19.b NEAREST RELATIVE (Name and address - include Zip Code) CONSTANZA MOLINARES 5000 WOODLAKE DRIVE NE #202 PALM BAY, FL 32905
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20. MEMBER REQUESTS COPY 6 BE SENT TO <u>FL</u> DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) JEFFREY T. TROTTER, SFC, USA, NCOIC, TRANS SV
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SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RETIREMENT	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-40, PARA 4-24B(2)	26. SEPARATION CODE SPK	27. REENTRY CODE 4
28. NARRATIVE REASON FOR SEPARATION DISABILITY, TEMPORARY		
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 <u>JM</u> Initials