CE	ERTIFICATE OF RI		DISCHARGE FRO			KENDEN	TOKI	N VOID
1. NAME (Last, First, Middle) PARSONS, ANTHONY RAY	2. DEF		MPONENT AND BRAN			L SECURITY		IBER 59
4a. GRADE, RATE OR RANK SFC	b. PAY GRADE E07	5. DATE OF BIRTH (YYYYMMDD) 6. RESERVE O (YYYYMMDD)			OBLIGATION TERMINATION DATE			
BARBOURVILLE, KENTUCKY 334 NORTH		RECORD AT TIME OF ENTRY (City and state, or complete address if known)						
		H MAIN STREET PO BOX 1883 IILE KENTUCKY 40906						
8a. LAST DUTY ASSIGNMENT A CMAOC AR	ND MAJOR COMMANI	D	b. STATION WHERE					
9. COMMAND TO WHICH TRAN USAR CON GP (IMA) 16		IVISION AVE	E, FT KNOX, KY	40122		OVERAGE NT: \$ 400		NONE .00
11. PRIMARY SPECIALTY (List no	umber, title and years and n	nonths in	12. RECORD OF SE	RVICE	YEAR(S)	MONTH(S)	DA	Y(S)
specialty. List additional specialty	numbers and titles involvin	g periods of	a. DATE ENTERED A	D THIS PERIOD	2007	12		13
one or more years.)			b. SEPARATION DATE THIS PERIOD		2011	10	1	4
19D48 D3 CAVALRY SCOUT - 20 YRS 10 MOS//		c. NET ACTIVE SERVICE THIS PERIOD		0003	10	1	2	
NOTHING FOLLOWS			d. TOTAL PRIOR ACT	TIVE SERVICE	0000	0.9	2	0
			e. TOTAL PRIOR INA	CTIVE SERVICE	0013	11	1	6
			f. FOREIGN SERVICE	E	0000	00	0	0
			g. SEA SERVICE		0000	00		0
			h. INITIAL ENTRY TR		0000	00		10
13. DECORATIONS, MEDALS, B			14. MILITARY EDUC		1990	12		0
//US NAVY ACHIEVEMEN "E" RIBBON//NAVAL RE SERVICE MEDAL (3RD A SERVICE MEDAL (2ND A TERRORISM SERVICE ME	SERVE MERITORIO WARD)//NATIONAL WARD)//GLOBAL V	OUS L DEFENSE WAR ON						
15a. COMMISSIONED THROUGH SE	RVICE ACADEMY					YES	X	NO
b. COMMISSIONED THROUGH RO		SC Sec. 2107b)				YES	X	NO
c. ENLISTED UNDER LOAN REPA	The state of the s		es, vears of commitment:	NA )		YES	X	NO
16. DAYS ACCRUED LEAVE	17. MEMBER WAS PI	COLORADO COMITO I			II APPRO	7,550.0	YES	NO
PAID 23.5			MENT WITHIN 90 DAY				1,445	X
18. REMARKS ////////////////////////////////////	CE ON TEMPORARY SSING INFORMATI S SOLDIER MAY PERIOD FOR WHI MENTS//ORDERED 2302//MEMBER HA	Y RECORDS A ION//ITEM I HAVE ACCOMM ICH ORDEREI TO ACTIVE AS COMPLETM	AND SOLDIER'S 2D ABOVE DOES PLISHED PRIOR D TO ACTIVE DU DUTY IN SUPPO	AFFIDAVIT/ NOT ACCOUNTO DATE EN TO DATE EN JTY FOR PUR DRT OF OPER TERM OF SE	INT FOR ITERED I POSE OF ATION E	ANNUAL IN ITEM POST S ENDURING ORDERED	AND/ 12A/ ERVI	///// BE /OR // ICE
The information contained herein is su purposes and to determine eligibility fo	bject to computer matching r, and/or continued complia	within the Departmence with, the require	ent of Defense or with any ements of a Federal bene	other affected Fed fit program.	eral or non-F	ederal agency		
19a. MAILING ADDRESS AFTER PO BOX 1883 BARBOURVIILE KENTUCK		ZIP Code)	b. NEAREST RELA KATHY K PARSO 65 PATTERSON BARBOURVIILE	NS LANE		de ZIP Code)		
20. MEMBER REQUESTS COPY	6 BE SENT TO (Specify		KY OF	FICE OF VETER	ANS AFFAI		S	NO
a. MEMBER REQUESTS COPY (WASHINGTON, DC)	3 BE SENT TO THE CE	ENTRAL OFFICE	OF THE DEPARTME	NT OF VETERAL	NS AFFAIR		0 000	NO
21.a. MEMBER SIGNATURE ESIGNED BY: PARSONS.ANTH (YYYYMMDD) ONY.RAY.1103885759 22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) ESIGNED BY: CUNNINGHAM.DANITA.Y.1102382729 DANITA CUNNINGHAM, ACTING CHIEF, TRANS CTR  b. DATE (YYYYMMDD) 20111014								

SPECIAL ADDITIONAL INFOR  23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY	The state of the s				
25. SEPARATION AUTHORITY AR 635-200, CHAP 4	26. SEPARATION CODE MBK	27. REENTRY CODE NA			
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) ARP				

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

## THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

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

t, Middle)

2. DEPARTMENT, COMPONENT AND BRANCH

3. SOCIAL SECURITY NUMBER

1. NAME (Last, First, Middle)
PARSONS, ANTHONY RAY

2. DEPARTMENT, COMPONENT AND BRANCH
ARMY/USAR

3. SOCIAL SECURITY NUMBER
405 | 11 | 9459

21.a. MEMBER SIGNATURE ESIGNED BY: PARSONS.ANTH ONY.RAY.1103885759

b. DATE (YYYYMMDD) 20111014

22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)
ESIGNED BY: CUNNINGHAM. DANITA.Y. 1102382729

DANITA CUNNINGHAM, ACTING CHIEF, TRANS CTR

b. DATE (YYYYMMDD) 20111014

## DEPARTMENT OF THE ARMY US ARMY INSTALLATION MANAGEMENT COMMAND HEADQUARTERS, US ARMY GARRISON COMMAND, FORT KNOX 26 PERSHING DRIVE FORT KNOX, KENTUCKY 40121-4215

ORDERS 285-0161 12 October 2011

1. PARSONS, ANTHONY RAY 405-11-9459 SFC CMAOC, (W6ED27), FORT KNOX, KY 40122

You are reattached as shown for separation processing.

Attached to: US ARMY TRANSITION CENTER (W6CD03), FORT KNOX, KY 40121-5102

Reporting date: 14 October 2011 Released form attachment to: NA

Additional instructions: Not applicable

FOR ARMY USE

Auth: Not applicable

Accounting classification: CONTAINED ON BASIC ORDERS

HOR: BARBOURVIILE KY US

Place EAD or OAD: BARBOURVILLE KY US

Scheduled date of separation: 14 October 2011

Comp: RESERVE

PEBD: Not applicable

Format: 454

2. PARSONS, ANTHONY RAY 405-11-9459 SFC CMAOC, (W6ED27), FORT KNOX, KY 40122

You are released from active duty, not by reason of physical disability, and assigned as indicated on the date immediately following release from active duty. Any temporary appointments held are terminated on your effective date of release from active duty.

Effective date: 14 October 2011

Assigned to: USAR CON GP (IMA) 1600 SPEARHEAD DIVISION AVE, FT KNOX, KY 40122 Terminal date of Reserve obligation: Not applicable

Additional instructions: a. Soldier is eligible for Transition Health Care under 10 USC, Section 1145 until 20120412. b. You are authorized three days Home Station activities. You are required to report to your Home Station unit the first day following departure from Fort Knox for accountability and Home Station out-processing. c. By public law, all Soldiers separating from active duty must have completed the mandated preseparation counseling (DD Form 2648-1) a minimum of 90 days prior to scheduled release date. This requirement cannot be waived. For more information on ACAP: (https://www.acap.army.mil). d. You are authorized shipment of household goods.

\*\*\*\*\*\*\*\*

FOR ARMY USE

HOR: BARBOURVIILE KY US

Place EAD or OAD: BARBOURVILLE KY US

MDC: 7BE2

Comp: RESERVE

PEBD: Not applicable

Format: 523

FOR THE COMMANDER:

\* OFFICIAL COPY \* HQ, US ARMY GARRISON \*
FORT KNOY \* FORT KNOX \*\*\*\*\*\*\*\* MICHAEL G. CARROLL ADJUTANT GENERAL

DISTRIBUTION: SFC PARSONS (5) CDR CMAOC, (W6ED27) (3) DFAS (1) E-MILPO BRANCH (1) IMSE-KNX-HRMA (1)