

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY						
1. NAME (Last, First Middle) REINSBACH, MICHAEL LEE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SERVICE NUMBER		
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE E05	5. DATE OF BIRTH (YYYYMMDD) 19841203	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20111228			
7a. PLACE OF ENTRY INTO ACTIVE DUTY ROCHESTER, MINNESOTA		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 1558 LIBERTY CR SHAKOPEE MINNESOTA 55379				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO B 2-135 IN BN FC			b. STATION WHERE SEPARATED FORT MCCOY, WI 54656-5150			
9. COMMAND TO WHICH TRANSFERRED JFHQ-MN, 20 WEST 12TH STREET, ST. PAUL, MN 55155-2098			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$100,000.00			
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) 68W20 00 HEALTH CARE SPECIALIS - 1 YRS 0 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE				
		a. DATE ENTERED AD THIS PERIOD	2007	07	15	
		b. SEPARATION DATE THIS PERIOD	2008	08	06	
		c. NET ACTIVE SERVICE THIS PERIOD	0001	00	22	
		d. TOTAL PRIOR ACTIVE SERVICE	0000	08	18	
		e. TOTAL PRIOR INACTIVE SERVICE	0002	09	28	
		f. FOREIGN SERVICE	0000	09	26	
		g. SEA SERVICE	0000	00	00	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//ARMED FORCES RESERVE MEDAL W/ M DEVICE//KOSOVO CAMPAIGN MEDAL WITH BRONZE SERVICE STAR//NATO MEDAL//NOTHING FOLLOWS		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS				
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	X	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X		YES		NO
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN GERMANY 20070912-20071010// SERVICE IN KOSOVO 20071010-20080705//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//PDMRA FROM 20080714 - 20080714//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) 1220 8TH STREET SOUTHEAST WASECA MINNESOTA 56093			b. NEAREST RELATIVE (Name and address - include ZIP Code) CHRIS SCHMIDT 911 8TH STREET SOUTHEAST WASECA MINNESOTA 56093			
20. MEMBER REQUESTS COPY 6 BE SENT TO MN		DIRECTOR OF VETERANS AFFAIRS		X	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED SOLDIER NOT AVAILABLE TO SIGN		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) KAREN A ELSING, LEAD PERS ASST III				
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
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) YES		

DD FORM 214-AUTOMATED, FEB 2000

PREVIOUS EDITION IS OBSOLETE
GENERATED BY TRANSPROC

MEMBER - 4

OFFICE OF THE COUNTY RECORDER
COUNTY OF BLUE EARTH
STATE OF MINNESOTA
I hereby certify that the within 1 page instrument is a true and correct copy of the original on file and of record in this office.
Dated this 22nd day of July, 2008
by Sarah H. Galt Deputy
County Recorder

MD00206
CERTIFIED, FILED AND/OR RECORDED ON
07/21/2008 04:16:06PM
BLUE EARTH COUNTY, MN
PATRY O'CONNOR COUNTY RECORDER
TAXPAYER SERVICES DIRECTOR

REC FEE: 0.00
MRT PD:
DT PD:
PAGES: 1

DEPUTY