|   |  |  | DISCHARGE FRO                                      |  |         |                                      |                        |             |  |
|---|--|--|--|--|---------|--------------------------------------|------------------------|-------------|--|
| 1. NAME (Last, First, Middle)<br>VANG, THENG  | 2. DEPARTMENT, COMPONENT AND BRANCH<br>ARMY/ARNGUS     |  | NCH  | 3. SOCIAL SECURITY NU 477   98   42                          |         | MBER<br>230                          |                        |             |  |
| 4a. GRADE, RATE OR RANK B. PAY GRAN   | 5. DATE OF E<br>19830504                               |  | BIRTH (YYYYMMDD)                                   | 6. RESERVE OBLIGATION TERMINATION DAT<br>(YYYYMMDD) 20150110 |         |                                      | DATE                   |             |  |
| EAU CLAIRE, WISCONSIN 2027 8TH  |  | FRECORD AT TIME OF ENTRY (City and state, or complete address if known)  STREET RE WISCONSIN 54703  b. STATION WHERE SEPARATED |  |  |         |                                      |                        |             |  |
| HHC (-) 1ST BN 128TH INF FC   | DIVINIAND  |  | FORT MCCOY, W                                      |  | 150     |                                      |                        |             |  |
| 9. COMMAND TO WHICH TRANSFERRED<br>ARNG WI, 2400 WRIGHT STREET, MADISON, WI 5370  |  |  | 14 2572  |  |         | IO. SGLI COVERAGE<br>AMOUNT: \$ 400, |                        |             |  |
| PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)      SUPT SYS SPEC - 1 YRS 0 MOS// NOTHING FOLLOWS |  |  | 12. RECORD OF SERVICE                              |  | YEAR(S) | MONTH(                               | NTH(S) DAY(S)          |             |  |
|   |  |  | a. DATE ENTERED AD THIS PERIOD                     |  | 2009    | 02                                   | 01                     |             |  |
|   |  |  | b. SEPARATION DATE THIS PERIOD                     |  | 2010    | 02 05                                |                        |             |  |
|   |  |  | c. NET ACTIVE SERV                                 |  |         | 00                                   |                        | 05          |  |
|   |  |  | d. TOTAL PRIOR ACT                                 |  | 0000    | 07                                   | Color Colored          | 13          |  |
|   |  |  | e. TOTAL PRIOR INACTIVE SERVICE f. FOREIGN SERVICE |  | 0001    | 05                                   | 05 07<br>08 20         |             |  |
|   |  |  | a. SEA SERVICE                                     |  | 0000    | 00                                   | NAME OF TAXABLE PARTY. | 00          |  |
|   |  |  | h. INITIAL ENTRY TR                                | AINING   | 0000    | 00                                   |                        | 00          |  |
|   |  |  | i. EFFECTIVE DATE OF PAY GRADE                     |  | 2009    | 07                                   |                        | 22          |  |
| CAMPAIGN MEDAL W/ CAMPAIGN STA<br>SERVICE RIBBON//OVERSEAS SERVI<br>ARMED FORCES RESERVE MEDAL W/<br>NOTHING FOLLOWS  | ICE RIE  | BBON//   |  |  |         |                                      |                        |             |  |
| 15a. COMMISSIONED THROUGH SERVICE ACADEM  | Υ  |  |  |  |         | Y                                    | S X                    |             |  |
| b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)  |  |  |  |  | Y       | ES X                                 | NO                     |             |  |
| c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: 0 )   |  |  |  |  |         | Y                                    | s X                    | NO          |  |
| 16. DAYS ACCRUED LEAVE PAID 0.5 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  |  |  |  |  |         | YES                                  | S NO                   |             |  |
| 18. REMARKS ////////////////////////////////////  |  |  |  |  |         |                                      |                        |             |  |
| The information contained herein is subject to computer purposes and to determine eligibility for, and/or continued   | d complianc  | e with, the require  | ements of a Federal bene                           | fit program.   |         |                                      |                        | erification |  |
| 19a. MAILING ADDRESS AFTER SEPARATION 226 E FILLMORE AVE EAU CLAIRE WISCONSIN 54701   | (Include ZII   | P Code)  | b. NEAREST RELATIVER LEE                           | N AVE  |         | de ZIP Co                            | de)                    |             |  |
| 20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)  |  |  | EAU CLAIRE WI<br>WI OF                             | FICE OF VETER  |         | RS X                                 | YES                    | NO          |  |
| a. MEMBER REQUESTS COPY 3 BE SENT TO (WASHINGTON, DC)   | THE CEN  | TRAL OFFICE  |  |  |         | S                                    | YES                    | NO          |  |
| 21.a. MEMBER SIGNATURE ESIGNED BY: VANG. THENG. 1295211489  b. DATE (YYYY) 20100  | YMMDD) ESIGNED BY: WESSEL.KARA.L.1362972546 (YYYYMMDD) |  |  |  |         |                                      | YMMDD)                 |             |  |

| SPECIAL ADDITIONAL INFORMA  | ATION (For use by authorized agencies                 | es only)                                 |  |
|---|---|--|--|
| 23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY                           | 24. CHARACTER OF SERVICE (Include upgrades) HONORABLE |  |  |
| 25. SEPARATION AUTHORITY<br>AR 635-200, CHAP 4                            | 26. SEPARATION CODE MBK                               | 27. REENTRY CODE<br>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) TV |  |