| CERTI   | FICATE OF R   | ELEASE OR   | DISCHARGE FRO  | OM ACTIVE D  | OUTY<br>ed. | KENDEK                     | PORIM VOID  |  |
|---|---|---|--|--------------|-------------|----------------------------|-------------|--|
|   |   | CONTRACTOR OF THE STATE OF THE | ARTMENT, COMPONENT AND BRANCH  |              |             | 3 COCIAL CECLIDITY MILMOED |             |  |
| EITNIEAR, CODY, RUSSELL   |   |   | NAVY USN   |              |             |                            |             |  |
|   | PAY GRADE   |   |  |              |             | IGATION TERMINATION DATE   |             |  |
| HTI   | E6  | 1   | 19880303 (YYYYMMDD)  |              |             | NA NA                      |             |  |
| 7a. PLACE OF ENTRY INTO ACTIVE DUTY   |   |   | b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if kn  |              |             |                            | s if known) |  |
| LANSING, MI   | FRUITPOR  | UITPORT, MI   |  |              |             |                            |             |  |
| 8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND b. STATION WHERE SEPARATED   |   |   |  |              |             |                            |             |  |
| NAVY RECRUITING DISTRICT  | PERSUPPDET GREAT LAKES IL                                 |   |  |              |             |                            |             |  |
| 9. COMMAND TO WHICH TRANSFERRED   |   |   |  |              |             | OVERAGE                    | NONE        |  |
| NA  |   |   | AMOUNT: \$400,000  |              |             | 00                         |             |  |
| PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)  HT-0000   |   |   | 12. RECORD OF SERVICE  |              | YEAR(S)     | MONTH(S)                   | DAY(S)      |  |
|   |   |   | a. DATE ENTERED AD THIS PERIOD   |              | 2009        | 10                         | 01          |  |
|   |   |   | b. SEPARATION DATE THIS PERIOD   |              | 2018        | 01                         | 13          |  |
| 9585 NAVY RECRUITER CANVASSER, 3YRS,1MO   |   |   | c. NET ACTIVE SERVICE THIS PERIOD  |              | 08.         | 03                         | 13          |  |
| X   |   |   | d. TOTAL PRIOR ACTIVE SERVICE  |              | 00          | 00                         | 00          |  |
| X   |   |   | e. TOTAL PRIOR INACTIVE SERVICE  |              | 00          | 00                         | 00          |  |
| X   |   |   | f. FOREIGN SERVICE   |              | 00          | 00                         | 00          |  |
| X   |   |   | g. SEA SERVICE   |              | 04          | 05                         | 18          |  |
| X   |   | h. INITIAL ENTRY TRAINING   |  | 00           | 04          | 25                         |             |  |
| X   |   |   | I. EFFECTIVE DATE OF PAY GRADE   |              | 2015        | 06                         | 16          |  |
| RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY ACHIEVEMENT MDL(2);NAVY UNIT COMMENDATION(2 NAVY GOOD CONDUCT MDL(2):NATIONAL DEFENSE SERVICE MDL:GLOBAL WAR ON TERRORISM EXPEDITIONARY MDL; GLOBAL WAR ON TERRORISM SERVICE MDL;SEA SERVICE DEPLOYMENT RBN(2):NAVY PISTOL EXPERT SHOT MDL; ENLISTED SURFACE WARFARE SPECIALIST X |   |   | year completed) RECRUIT TRAINING.8WKS.DEC09;ENGINEERING PROFSSION-AL APPRENTICESHIP CAREER.5WKS.FEB10:BASIC ENGINEER-ING COMMON CORE ADVANCED.3WKS,MAR10;HULL TECHNICIAN STRAND.5WKS.4WKS.APR10;ENLISTED NAVY RECRUITING ORIENTATION,5WKS.DEC14  X X X X |              |             |                            |             |  |
| 15a. COMMISSIONED THROUGH SERVICE   |   |   | YES  | x NO         |             |                            |             |  |
| b. COMMISSIONED THROUGH ROTC SC   |   |   |  | YES          | x NO        |                            |             |  |
| c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment:)  |   |   |  |              | YES         | x NO                       |             |  |
| 16. DAYS ACCRUED LEAVE PAID 0.0 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATION   |   |   |  |              |             | YES NO                     |             |  |
| 18. REMARKS  SERIAL NUMBER:43106-17-1000-FSS  X  X  X  X  X  X  X  X  X  X  X  X  |   |   |  |              |             |                            |             |  |
| purposes and to determine eligibility for, and/or continued compliance with, the requirements of a redefal benefit program.  19a, MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)  b. NEAREST RELATIVE (Name and address - include Zip Code)  |   |   |  |              |             |                            |             |  |
| 505 WEST MAIN ST<br>SPARTA, WI 54656  | DENNIS EITNIEAR<br>4940 SOUTH CARR RD FRUITPORT, MI 49415 |   |  |              |             |                            |             |  |
| 20. MEMBER REQUESTS COPY 6 BE   | WI OFFICE   | OF VETERANS   | AFFAIRS  | X YES        | NO          |                            |             |  |
| a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPAI<br>(WASHINGTON, DC)  |   |   |  | NT OF VETERA | NS AFFAIR   | S X YES                    | NO NO       |  |
| 21a MEMBER SIGNATURE  | b. DATE<br>(YYYYMMDD)<br>2が71か17                          | Alternative Communication (A)   | P. D. DATE (YYYYMMDD)  CERETTA PHELPS,GS7,BYDIROIC   |              |             |                            |             |  |

| SPECIAL ADDITIONAL INFOR                                     | RMATION (For use by authorized agencie      | es only)                              |  |  |  |
|--|---|---------------------------------------|--|--|--|
| 23. TYPE OF SEPARATION                                       | 24. CHARACTER OF SERVICE (Include upgrades) |                                       |  |  |  |
| DISCHARGED   | HONORABLE                                   |                                       |  |  |  |
| 25. SEPARATION AUTHORITY                                     | 26. SEPARATION CODE                         | 27. REENTRY CODE                      |  |  |  |
| MPM 1910-104   | KBK   | RE-R1                                 |  |  |  |
| 28. NARRATIVE REASON FOR SEPARATION                          |   |                                       |  |  |  |
| COMPLETION OF REQUIRED ACTIVE SERVICE                        |   | 是否的感觉器数数数数数                           |  |  |  |
| 29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL:NONE |   | 30. MEMBER REQUESTS COPY 4 (Initials) |  |  |  |

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

SERVICE - 2 Adobe Designer 8.0

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) DENNIS EITNIEAR **505 WEST MAIN ST** FRUITPORT, MI 49415 4940 SOUTH CARR RD SPARTA, WI 54656 X YES NO OFFICE OF VETERANS AFFAIRS WI

20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS NO X YES (WASHINGTON, DC) b. DATE 22a. OFFICIAL AUTHORIZED TO SIGN (Typed name grade, title, signature) b. DATE (YYYYMMDD)

BYDIROIC

FORM 214, AUG 2009

214 MEMBER SIGNATURE

2017110 PREVIOUS EDITION IS OBSOLETE.

ZERBITA PHELPS,C

(YYYYMMDD)

MEMBER - 1

01/11/3