2000				DISCHARGE FRO						
		PARTMENT, COMPONENT AND BRANCH			3. SOCIAL SECURITY NUMBER					
KENSY, BRADLEY JAMES ARM		ARMY/	RMY/RA			473	73   08   0751			
4a. GRADE, RATE OR RANK SPC	b. PAY GRA	. PAY GRADE				DBLIGATION TERMINA 20150715		ATION	DATE	
7a. PLACE OF ENTRY INTO ACTIVE DUTY b. HOME OF			RECORD AT TIME OF ENTRY (City and state, or complete address if known)							
MINNEAPOLIS, MINNESOTA 5430 CARL				. CON DD						
			W MINNESOTA 55126-0000							
8a. LAST DUTY ASSIGNMENT A 020505INBN CO D AT/A	b. STATION WHERE SEPARATED FORT BRAGG, NC 28310-5000									
9. COMMAND TO WHICH TRAN USAR CON GP (REINF) :	VE, FT KNOX, KY 40122   10. SGLI COVERAGE   NON AMOUNT: \$ 400,000.0				<b>NONE</b>   0.00					
11. PRIMARY SPECIALTY (List number, title and years and months in				12. RECORD OF SERVICE YEAR			MONTH(S) DAY(S)			
specialty. List additional specialty numbers and titles involving periods of				a. DATE ENTERED AD THIS PERIOD		2007	08	' '		
one or more years.)	b. SEPARATION DATE THIS PERIOD		2012	08 06						
11B1P INFANTRYMAN - 4 YRS 8 MOS//NOTHING				c. NET ACTIVE SERV	0005	00 00				
FOLLOWS				d. TOTAL PRIOR ACTIVE SERVICE		0000	00 00			
				e. TOTAL PRIOR INACTIVE SERVICE		0000	00	0 00		
				f. FOREIGN SERVICE			11	13		
				g. SEA SERVICE		0000	00	00 00		
				h. INITIAL ENTRY TRAINING		0000	00	00		
				i. EFFECTIVE DATE OF PAY GRADE		2009	07	01		
RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//OVERSEAS//CONT IN BLOCK 18				year completed) WARRIOR LEADERS COURSE, 2 WEEKS, 2011// NOTHING FOLLOWS						
							YES	S X	NO	
15a. COMMISSIONED THROUGH SERVICE ACADEMY b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)						YES	-			
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, years of commitment: NA )						YES				
16. DAYS ACCRUED LEAVE 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROXIMATION AND ALL APPRO								-		
PAID 0				LETE DENTAL EXAM IENT WITHIN 90 DAY			PRIATE	YES	S NO	
18. REMARKS ////////////////////////////////////								OD ( PAY SERV N BA	////// OF VICE	
The information contained herein is sub- purposes and to determine eligibility for 19a. MAILING ADDRESS AFTER	, and/or continue	d complian	ce with, the require	ements of a Federal bene	fit program.				erification	
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)  5430 CARLSON RD  SHOREVIEW MINNESOTA 55126  b. NEAREST RELATIVE (Name and address - include ZIP Code)  JAMES F KENSY  5430 CARLSON RD  SHOREVIEW MINNESOTA 55126								,		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)  MN  OFFICE OF VETERANS AFFAIR							RS X Y	ES	NO	
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIR (WASHINGTON, DC)						9	ES	NO		
21.a. MEMBER SIGNATURE ESIGNED BY: KENSY.BRADLE Y.JAMES.1299783851  b. DATE (YYYYMMDD) ESIGNED BY: FRAZIER.ANCHALEE.C.1082692033 20120619  ANCHALEE FRAZIER, HUMAN RESOURCE ASSISTANT							3 2	b. DATE (YYYYMMDD) 20120619		
DD FORM 044 AUG 0000			ANCHALEE F		TESOURCE	TOOLOIP				