

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>YAKE SYLVAN LEE</b>			2. SERVICE NUMBER <b>RA16 914 417</b>			3. SOCIAL SECURITY NUMBER <b>520 150 3501</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY RA UNASCD</b>			5a. GRADE, RATE OR RANK <b>SP5 (P)</b>	b. PAY GRADE <b>E5</b>	6. DATE OF RANK <b>12 FEB 68</b>	DAY	MONTH	YEAR
SELECTIVE SERVICE DATA	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>KETTLE FALLS WASH</b>			9. DATE OF BIRTH <b>4 SEP 47</b>	DAY	MONTH	YEAR
	10a. SELECTIVE SERVICE NUMBER <b>48 3 47 54</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB 3 GILLETTE CAMPBELL WYOMING</b>			c. DATE INDUCED <b>NA</b>			
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE <b>TRFD TO USAR SEE ITEM #16</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>US ARMY PERSONNEL CENTER OAKLAND CALIF</b>					
	c. REASON AND AUTHORITY <b>SEC VIII CH 5 AR 635-200 SPN 413 SCHOOL RELEASE</b>			d. EFFECTIVE DATE <b>1 SEP 69</b>	DAY	MONTH	YEAR		
SERVICE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>2D BN 51ST ARTY</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>			b. TYPE OF CERTIFICATE ISSUED <b>NONE</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP: REINF :US ARMY ADMIN CENTER ST LOUIS MO</b>			15. REENLISTMENT CODE <b>RE- 2</b>					
VA AND EMP. SERVICE DATA	16. TERMINAL DATE OF RESERVE UMT&S OBLIGATION <b>DAY MONTH YEAR 7 NOV 72</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) <b>3</b>	c. DATE OF ENTRY <b>8 NOV 66</b>			
	18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PVT E1 (P)</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>DENVER COLORADO</b>				
REMARKS	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>BOX 1171 GILLETTE CAMPBELL WYOMING</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE <b>71H20 PERS SPEC</b>			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>205.368 PERS CLK</b>	a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD <b>2 9 24</b>	(2) OTHER SERVICE <b>0 0 0</b>	(3) TOTAL (Line 1) plus Line 2 <b>2 9 24</b>	
AUTENTICATION	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL VIETNAM CAMPAIGN MEDAL</b>			b. TOTAL ACTIVE SERVICE <b>2 9 24</b>	c. FOREIGN AND/OR SEA SERVICE <b>0 11 28</b>				
	25. EDUCATION AND TRAINING COMPLETED <b>NA</b>			26. STATEMENT OF SERVICE <b>WODLO3-L</b>					
REMARKS	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NA</b>			b. DAYS ACCRUED LEAVE PAID <b>00</b>	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>\$ NA</b>	b. AMOUNT OF ALLOTMENT <b>\$ NA</b>	c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
	28. VA CLAIM NUMBER <b>C- NA</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$0,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
30. REMARKS <b>BLOOD GROUP: O+ CIVILIAN EDUCATION: 12YRS ITEM 5A: PERM GRADE 8 DAYS EXCESS LEAVE 1-8 MAR 69</b>									
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>BOX 325 PINEDALE WYOMING</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>Sylvan L. Yake</b>				
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>A M KRITSCHER CPT AGC ASST ADJ</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>A M Krtscher 114</b>				