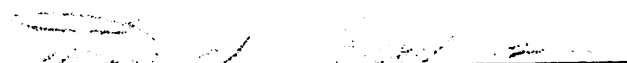



THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME BOWERS ARTEMIS WARREN			2. SEX M	3. SOCIAL SECURITY NUMBER 460 74 8887			4. DATE OF BIRTH 1964 APR 30	YEAR 1964	MONTH APR	DAY 30	
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6a. GRADE, RATE OR RANK SSGT		b. PAY GRADE E-5	7. DATE OF RANK 1972 JAN 01	YEAR 1972	MONTH JAN	DAY 01		
8a. SELECTIVE SERVICE NUMBER NA		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA			8c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 8619 FLOSSIE MAE HOUSTON, HARRIS CO, TX 77029						
9a. TYPE OF SEPARATION DISCHARGE					9b. STATION OR INSTALLATION AT WHICH EFFECTED TRAVIS AFB, CA						
c. AUTHORITY AND REASON AFM 39-10 (SPD KEC)							d. EFFECTIVE DATE 1977 FEB 07	YEAR 1977	MONTH FEB	DAY 07	
c. CHARACTER OF SERVICE HONORABLE						f. TYPE OF CERTIFICATE ISSUED DD FORM 256AF		10. REENLISTMENT CODE 1J			
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HQ 60 ABGP (MAC)					12. COMMAND TO WHICH TRANSFERRED NA						
13. TERMINAL DATE OF RESERVE / MSB OBLIGATION YEAR MONTH DAY NA			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) FORT WORTH, TX				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 1972 APR 08				
16a. PRIMARY SPECIALTY NUMBER AND TITLE 24270-DISASTER PREPAREDNESS TECHN			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 169.118-CIVIL DEFENSE COORDINATOR			18. RECORD OF SERVICE			YEARS	MONTHS	DAYS
17a. SECONDARY SPECIALTY NUMBER AND TITLE NONE			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE			(a) NET ACTIVE SERVICE THIS PERIOD			04	10	00
						(b) PRIOR ACTIVE SERVICE			08	03	18
						(c) TOTAL ACTIVE SERVICE (a+b)			13	01	18
						(d) PRIOR INACTIVE SERVICE			00	03	04
						(e) TOTAL SERVICE FOR PAY (c+d)			13	04	22
						(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			00	11	08
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 338 DAYS					20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 01 YRS						
21. TIME LOST (Preceding Two Yrs) NO TIME LOST		22. DAYS ACCRUED LEAVE PAID 134 DAYS		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT NONE		25. PERSONNEL SECURITY INVESTIGATION a. TYPE *BI b. DATE COMPLETED 13 AUG 68			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED AFCH W 4/OLC(HQ PAF, SO G-0255, 21 JUN 75-31 MAY 76)/ NDSM, AFLSA W 1/OLC, AFCCM W 2/OLC(07 APR 71-06 APR 74)-AFM 900-3//											
27. REMARKS BLOOD GP: B POS/DAFSC: 24270/SVC SCHOOLS: DISASTER PREPAREDNESS CRS, MAY72; LEADERSHIP CRS(NCO LEADERSHIP SCHOOL), MAY74/*RRF ITEM 25a: SCTY CLEARANCE FILED; OSI DIST # 4, AFISISA 4-D, WASH, DC; FILE # 39-22000/RESERVE COUNSELING PARTICIPATION/MEMBER REQUEST A COPY OF DD FORM 214 _____ AQE SCORES: M90; A95; G90; E95. ELIGIBLE TO ENLIST IN THE REGULAR AIR FORCE UNDER AN EXISTING PRIOR SERVICE PROGRAM, IF OTHERWISE ELIGIBLE, AFTER 93 DAYS FOLLOWING SEPARATION. I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT OR REENLISTMENT STANDARDS IN EFFECT AT THE TIME OF THEIR APPLICATION.											
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 2811 IVANHOE DENVER, DENVER CO, CO 80207						29. SIGNATURE OF PERSON BEING SEPARATED 					
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ROBERT B FENDEL, 1st Lt, USAF CHIEF, QUALITY FORCE SECTION						31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 					

DD FORM 214
NOV 72

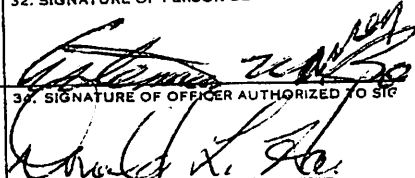
PREVIOUS EDITIONS OF THIS
FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

REPORT OF SEPARATION FROM ACTIVE DUTY

25

**THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME BOWENS ARTEMIS WARREN		2. SERVICE NUMBER AF 18684563		3. SOCIAL SECURITY NUMBER 460 74 88															
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			5a. GRADE, RATE OR RANK SSgt	b. PAY GRADE E5	6. DATE OF RANK DAY: 01 MONTH: JAN YEAR: 7														
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Jacksonville, Tx		9. DATE OF BIRTH DAY: 30 MONTH: APR YEAR: L															
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER NA		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA		c. DATE INDUCTED DAY: NA MONTH: NA YEAR: NA															
	11a. TYPE OF TRANSFER OR DISCHARGE Discharge			b. STATION OR INSTALLATION AT WHICH EFFECTED Carswell AFB, Tx																
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 35-16 (SDN 900)			d. EFFECTIVE DATE DAY: 07 MONTH: APR YEAR: Y	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 7 SPS, CAFB, Tx (SAC)															
	13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE DD 256 AF																
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA			15. REENLISTMENT CODE NA																
	16. TERMINAL DATE OF RESERVE/UMT & S OBLIGATION DAY: NA MONTH: NA YEAR: NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input checked="" type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) 4	c. DATE OF ENTRY DAY: 08 MONTH: APR YEAR: Y														
18. PRIOR REGULAR ENLISTMENTS ONE (1)		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Sgt		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Houston, Tx																
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 8619 Flossie Mae Houston, Harris Co, Tx 77029			22. STATEMENT OF SERVICE																	
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YEARS</th> <th>MONTHS</th> </tr> </thead> <tbody> <tr> <td>a. (1) NET SERVICE THIS PERIOD</td> <td align="center">04</td> <td align="center">00</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td align="center">04</td> <td align="center">06</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td align="center">08</td> <td align="center">06</td> </tr> <tr> <td>b. TOTAL ACTIVE SERVICE</td> <td align="center">08</td> <td align="center">03</td> </tr> <tr> <td>c. FOREIGN AND/OR SEA SERVICE</td> <td align="center">01</td> <td align="center">00</td> </tr> </tbody> </table>				YEARS	MONTHS	a. (1) NET SERVICE THIS PERIOD	04	00	(2) OTHER SERVICE	04	06	(3) TOTAL (Line (1) plus Line (2))	08	06	b. TOTAL ACTIVE SERVICE	08	03
	YEARS	MONTHS																		
a. (1) NET SERVICE THIS PERIOD	04	00																		
(2) OTHER SERVICE	04	06																		
(3) TOTAL (Line (1) plus Line (2))	08	06																		
b. TOTAL ACTIVE SERVICE	08	03																		
c. FOREIGN AND/OR SEA SERVICE	01	00																		
23a. SPECIALTY NUMBER & TITLE 81250-Law Enforcement Specialist			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 375.268-Patrolman																	
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED RVCM AFM 900-3 VSM w/IBSS AFM 900-3 AFGCM (16Sep66-15Sep69) AFM 900-3 AFCM w/10LC (27May70-27May71) SOG-1105 Hq7 12Apr71																				
25. EDUCATION AND TRAINING COMPLETED																				
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) No time lost		b. DAYS ACCRUED LEAVE PAID		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															
	28. VA CLAIM NUMBER C- NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		b. AMOUNT OF ALLOTMENT NA															
REMARKS	30. REMARKS Coll Ed 30SH Texas Southern Univ 63 Blood Gp B Pos AQE: M90A95G90E95 EBI 13Aug68 14DOS1																			
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as item 21			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISC' 																
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER DONALD L. HAVERKAMP, 2LT, USAF CHIEF, CAC			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 