
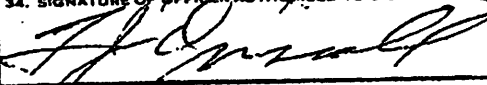


**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>KINKADE TIMOTHY LEE</b>			2. SERVICE NUMBER <b>AF 15590623</b>			3. SOCIAL SECURITY NUMBER <b>270   36   6177</b>			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>			5a. GRADE, RATE OR RANK <b>SSGT</b>		5b. PAY GRADE <b>E-5</b>	6. DATE OF RANK <b>1 DEC 68</b>	7. DATE OF BIRTH <b>10 AUG 40</b>		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>BUFFALO, NY</b>				9. DATE OF BIRTH <b>10 AUG 40</b>			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>4   18   40   928</b>			8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 18, SANTA ROSA, SONOMA, CALIFORNIA</b>			c. DATE INDUCTED <b>NA</b>			
	11a. TYPE OF TRANSFER OR DISCHARGE <b>DISCHARGE</b>			b. STATION OR INSTALLATION AT WHICH EFFECTED <b>TRAVIS AFB, FAIRFIELD, CALIFORNIA</b>						
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>PAR 3-8C, SEC B, CHAP 3, AFM 39-10 (SDN 411) COG</b>					d. EFFECTIVE DATE <b>11 FEB 70</b>	DAY		MONTH	YEAR
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>632 SCTY POLICE SQ PACAF</b>				13. CHARACTER OF SERVICE <b>HONORABLE</b>		d. TYPE OF CERTIFICATE ISSUED <b>DD FORM 256AF</b>			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>NA</b>						15. REENLISTMENT CODE <b>1</b>			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>NA</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) <b>4 12</b>	c. DATE OF ENTRY DAY MONTH YEAR <b>15 OCT 65</b>		
18. PRIOR REGULAR ENLISTMENTS <b>ONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>A3C E-2</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>OAKLAND, CALIFORNIA</b>						
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>15310 OLD RIVER ROAD, GUERNEVILLE, SONOMA, CALIFORNIA</b>		23a. SPECIALTY NUMBER & TITLE <b>81150 SCTY POLICEMAN</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>GUARD 372.868</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
						a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	04	03	27
						(2) OTHER SERVICE	06	00	00	
(3) TOTAL (Line (1) plus Line (2))	10	03	27							
b. TOTAL ACTIVE SERVICE	08	11	08							
c. FOREIGN AND/OR SEA SERVICE	02	02	07							
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM, RVCM, VSM W/1BSS, AFLSA W/1 OLC, AFGCM W/1 OLC, AFM 900-3/AFOUA SOGB-11, JAN67 DAF/SAEMR SOGB-10 FEB66, DAF//</b>										
25. EDUCATION AND TRAINING COMPLETED <b>SP CMBT PREPARNESS CRSE AZR 81150 COMPL67//</b>										
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO NON PAY PERIODS NO TIME LOST</b>			27. DAYS ACCRUED LEAVE PAID <b>60 DAYS</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>5 NONE</b>		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
				28. VA CLAIM NUMBER <b>C- NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE				
REMARKS	30. REMARKS <b>HS-GRAD/BLOOD GP B POS/M10 A55 G60 E35 UNDATED/NAC DEC65 4 DIST OSI BOLLING AFB, D.C. 20332/"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 STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION."/</b>									
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>15310 RIVER ROAD, GUERNEVILLE, SONOMA, CALIFORNIA 95446</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>F J DRISCOLL, MSGT, USAF NGOIC, PORT SEPARATION SECTION</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				
	ARMED FORCES OF THE UNITED STATES									