

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

1. LAST NAME, FIRST NAME, MIDDLE NAME MAGGI EUGENE DONALD			2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]			4. DATE OF BIRTH YEAR: 50 MONTH: Oct DAY: 24
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF			6. GRADE, RATE OR RANK A1C	7. PAY GRADE E3	8. DATE OF RANK YEAR: 73 MONTH: May DAY: 15		
9. SELECTIVE SERVICE NUMBER 08 035 50 1454		10. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE #35 CoCoa Brevard, FL		11. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) PO Box 78 Canaveral (Cape) FL			
12. TYPE OF SEPARATION DISCHARGE			13. STATION OR INSTALLATION AT WHICH EFFECTED Malmstrom AFB, Great Falls, MT 59402				
14. AUTHORITY AND REASON			15. EFFECTIVE DATE 74 Apr 05		16. REENLISTMENT CODE		
17. CHARACTER OF SERVICE HONORABLE			18. TYPE OF CERTIFICATE ISSUED DD Fm 256AF		19. REENLISTMENT CODE		
20. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 341 SPS (SAC)			21. COMMAND TO WHICH TRANSFERRED NA				
22. TERMINAL DATE OF RESERVE OR OBLIGATION YEAR: NA MONTH: NA DAY: NA		23. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Jacksonville, FL			24. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 70 MONTH: Jul DAY: 29		
25. PRIMARY SPECIALTY NUMBER AND S.P. 81150 S. P.		26. RELATED CIVILIAN OCCUPATION AND I.C.T. NUMBER 372.168 Guard		27. RECORD OF SERVICE			
28. SECONDARY SPECIALTY NUMBER AND S.P. NA		29. RELATED CIVILIAN OCCUPATION AND I.C.T. NUMBER NA		30. NET ACTIVE SERVICE THIS PERIOD 03 08 06			
31. INDUSTRY OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 455 days		32. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Yr/MS) SECONDARY/HIGH SCHOOL: 12 YRS (1-12 grades) COLLEGE: 0 YRS		33. PRIOR ACTIVE SERVICE 00 00 00			
34. TIME LOST (Preceding Two Yrs.) NO TIME LOST		35. DAYS ACCRUED LEAVE PAID NOT PAID See Item 27		36. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		37. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: _____	
38. PERSONNEL SECURITY INVESTIGATION a. TYPE: LNAC		b. DATE COMPLETED: 26 Jun 70					
39. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM: AFM 900-3 CRM: AFM 900-3 AFQA: AFM 900-3 RVCM: AFM 900-3 SABMR: AFM 900-3 VSM: AFM 900-3							
40. REMARKS BLOOD GROUP: AB Pos AQE: M30 A40 G45 E30 AFQT: 313 DAFSC: 81150							
41. 22 cont. Leave data not available at time of DOS.							
42. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) See Item 8c				43. SIGNATURE OF PERSON BEING SEPARATED <i>Eugene Donald Maggi</i>			
44. TYPE, GRADE AND TITLE OF AUTHORIZING OFFICER E.H. DEVANTIER, SMSGT, USAF NEOTC, C & T				45. SIGNATURE OF OFFICE AUTHORIZED TO SIGN <i>E.H. Devantier</i>			

DD FORM 1300, 1 NOV 72 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

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REPORT OF SEPARATION FROM ACTIVE DUTY

STATE OF MONTANA GLACIER COUNTY

RECORDED: 03/19/2001 11:17 BOOK: 9 DD

PAGE: 453

DOC #: 248778

SYLVIA BERKRAM CLERK AND RECORDER BY: *Laratta Corquison* FEE: \$0.00

EUGENE DONALD MAGGI PO BOX 814, CUT BANK, MT 59427

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