

RE-3B

LEGEND: Insert N/A to the items below which are not applicable

|                                                                        |                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------|
| PERSONAL DATA                                                          | 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>SMITH, TRAVIS LYNN</b>                                                                                                                                                                                 |                                                                                                                 | 2. SERVICE NUMBER<br><b>RA 19 782 211</b>                                                                                                                                                                                                                            |                               | 3 a. GRADE, RATE OR RANK<br><b>SP4 E4 (T)</b>                                                 |                                              | b. DATE OF RANK (Day, Month, Year)<br><b>19 MAR 66</b>                                 |                                                        |
|                                                                        | 4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>ARMY RA UNASGD</b>                                                                                                                                                                                |                                                                                                                 | 5. PLACE OF BIRTH (City and State or Country)<br><b>ELOY ARIZONA</b>                                                                                                                                                                                                 |                               |                                                                                               |                                              | 6. DATE OF BIRTH<br>DAY MONTH YEAR<br><b>28 JAN 47</b>                                 |                                                        |
|                                                                        | 7 a. <input type="checkbox"/> NA                                                                                                                                                                                                                     | b. SEX<br><b>MALE</b>                                                                                           | c. COLOR HAIR<br><b>BLOND</b>                                                                                                                                                                                                                                        | d. COLOR EYES<br><b>GREEN</b> | e. HEIGHT<br><b>70</b>                                                                        | f. WEIGHT<br><b>172</b>                      | 8. U.S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                        |
|                                                                        | 10 a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED<br><b>11 YEARS SEE29</b>                                                                                                                                                                             |                                                                                                                 | b. MAJOR COURSE OR FIELD<br><b>GENERAL</b>                                                                                                                                                                                                                           |                               |                                                                                               |                                              |                                                                                        |                                                        |
| TRANSFER OR DISCHARGE DATA                                             | 11 a. TYPE OF TRANSFER OR DISCHARGE<br><b>TRFD TO USAR SEE ITEM # 18</b>                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               | b. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>US ARMY PERSONNEL CENTER OAKLAND CALIF</b> |                                              |                                                                                        |                                                        |
|                                                                        | c. REASON AND AUTHORITY<br><b>SEC VII CH 5 AR 635-200 SPN 411 OSRET (RAD)</b>                                                                                                                                                                        |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              | d. EFFECTIVE DATE<br>DAY MONTH YEAR<br><b>23 JAN 67</b>                                |                                                        |
| SELECTIVE SERVICE DATA                                                 | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>HHC 2/8 INF APO SF 96292 USARV</b>                                                                                                                                                                  |                                                                                                                 | 13 a. CHARACTER OF SERVICE<br><b>HONORABLE</b>                                                                                                                                                                                                                       |                               |                                                                                               | b. TYPE OF CERTIFICATE ISSUED<br><b>NONE</b> |                                                                                        |                                                        |
|                                                                        | 14. SELECTIVE SERVICE NUMBER<br><b>NA</b>                                                                                                                                                                                                            |                                                                                                                 | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE<br><b>NA</b>                                                                                                                                                                                        |                               |                                                                                               |                                              | 16. DATE INDUCTED<br>DAY MONTH YEAR<br><b>NA</b>                                       |                                                        |
|                                                                        | 17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED<br><b>USAR CONTROL GROUP / REINF / US ARMY ADMIN CENTER, ST LOUIS, MO.</b>                                                                                                               |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
| SERVICE DATA                                                           | 18. TERMINAL DATE OR RESERVE OBLIGATION<br>DAY MONTH YEAR<br><b>10 FEB 70</b>                                                                                                                                                                        |                                                                                                                 | 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br>a. SOURCE OF ENTRY<br><input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED<br><input type="checkbox"/> OTHER: |                               |                                                                                               | b. TERM OF SERVICE (Years)<br><b>3</b>       |                                                                                        | c. DATE OF ENTRY<br>DAY MONTH YEAR<br><b>11 FEB 64</b> |
|                                                                        | 20. PRIOR REGULAR ENLISTMENTS<br><b>NONE</b>                                                                                                                                                                                                         |                                                                                                                 | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE<br><b>PVT E1 (P)</b>                                                                                                                                                                            |                               | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>PORTLAND OREGON</b>     |                                              |                                                                                        |                                                        |
|                                                                        | 23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State)<br><b>RT #2 BOX 248A DALLAS (POLK) OREGON 97338</b>                                                                                                    |                                                                                                                 | 24. STATEMENT OF SERVICE<br>a. CREDITABLE FOR BASIC PAY PURPOSES<br>(1) NET SERVICE THIS PERIOD<br>(2) OTHER SERVICE<br>(3) TOTAL (Line (1) + line (2))<br>YEARS MONTHS DAYS<br><b>2 11 10</b><br><b>0 0 0</b><br><b>2 11 10</b>                                     |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | 25 a. SPECIALTY NUMBER AND TITLE<br><b>11B20 LIGHT WFNIS INFANTRYMAN</b>                                                                                                                                                                             |                                                                                                                 | b. RELATED CIVILIAN OCCUPATION AND D. O. I. NUMBER<br><b>NA</b>                                                                                                                                                                                                      |                               | b. TOTAL ACTIVE SERVICE<br><b>2 11 10</b>                                                     |                                              |                                                                                        |                                                        |
|                                                                        |                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               | c. FOREIGN AND/OR SEA SERVICE<br><b>USARPAC 1 6 4</b>                                         |                                              |                                                                                        |                                                        |
|                                                                        | 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>NATIONAL DEFENSE SERVICE MEDAL, VIETNAM SERVICE MEDAL, VIETNAM CAMPAIGN MEDAL, COMBAT INFANTRYMAN BADGE, SHARPSHOOTER BADGE RIFLE M14</b> |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | 27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)<br><b>NONE</b>                                                                                                                                                |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | 28. SERVICE SCHOOLS OR COLLEGES; COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED<br>SCHOOL OR COURSE a DATES (From - To) b MAJOR COURSES c<br><b>NONE NA NA</b>                                                         |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | 29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED<br><b>HS GEDT 65</b>                                                                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | VA DATA                                                                                                                                                                                                                                              | 30 a. GOVERNMENT LIFE INSURANCE IN FORCE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                                                                                                                                                                                                                                                      |                               |                                                                                               | b. AMOUNT OF ALLOTMENT<br><b>NA</b>          |                                                                                        | c. MONTH ALLOTMENT DISCONTINUED<br><b>NA</b>           |
| 31 a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)<br><b>NONE</b> |                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               | b. VA CLAIM NUMBER<br>C- <b>NA</b>           |                                                                                        |                                                        |
| AUTHENTICATION                                                         | 32. REMARKS<br><b>#3a: PFC E3 (P) APTD 21 OCT 64 DAYS LOST 3: 13 - 15 NOV 65</b><br><b>BLOOD GROUP— 11A1</b><br><b>SSAN— 543 52 5973</b><br><b>LUMP SUM PAYMENT MADE FOR 6 DAYS ACCRUED LEAVE</b><br><b>SGLI— \$10,000</b>                           |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               |                                                                                               |                                              |                                                                                        |                                                        |
|                                                                        | 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)<br><b>SEE #23</b>                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><i>Travis Lynn Smith</i>           |                                              |                                                                                        |                                                        |
|                                                                        | 35 a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>J. W. JOHNSON, 1LT, AGC, ASST ADJ</b>                                                                                                                                                 |                                                                                                                 |                                                                                                                                                                                                                                                                      |                               | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><i>J. W. Johnson</i> 23B15                      |                                              |                                                                                        |                                                        |

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FORM 1 NOV 55 214

REPLACES EDITION OF 1 JUL 52, WHICH IS OBSOLETE.

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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