

RESTRICTED

MORNING REPORT ENDING 2400 **30 Apr** YR 5

ORGANIZATION **Med Det** **1st FA Bn** **MD** (YEAR)

STATION OR LOCATION **Angara RY 7325 Nord 15** (CITY, ST, CO, ZIP) (CITY, ST, CO, ZIP) (CITY, ST, CO, ZIP)

NAME	GRADE	NOB	CODE
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No Change

No Limited Agent Personnel Asgd or Atand Unasgd to this orgn.

RECORD OF EVENTS

No Change in Position. Usual Combat Functions.

	ACCOMPLISHED			ACCOMPLISHED OTHER	PRESENT		ABSENT					
	ACT	ASST	TOTAL		PLD	ACT	TOTAL	ON	OFF	UP	DOWN	OTHER
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I CERTIFY THAT THIS MORNING REPORT IS CORRECT

SIGNATURE

Thomas E. Tholen
THOMAS E. THOLEN

1 PAGE

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