



SELECTIVE SERVICE NUMBER	SOCIAL SECURITY NUMBER	SEX	DATE OF BIRTH	LAST ACTION DATE	
91-1379706-3	371-13-1928	M	07-18-91	01-20-10	
NAME AND CURRENT MAILING ADDRESS					

*****AUTO**3-DIGIT 480



91-1379706-3 10 00121-006134

JOSEPH D KODOS
26075 CLEAR ST
HARRISON TOWNSHIP, MI 48045-3206

31-00



First explore your interests, then decide which career path is right for you. Visit todaysmilitary.com/ssb2, fill out and return the enclosed card, or call 1-866-VIEW-NOW for more information.

Change of Information Form

If any information shown is incorrect, make corrections, sign, and return this top portion to: Selective Service System, P. O. Box 94636, Palatine, Illinois 60094-4636. Persons are not required to respond to this collection of information unless it displays a valid OMB control number. The valid OMB control number of this information collection is OMB-3240-0003.

TODAY'S DATE

SIGNATURE OF REGISTRANT

GPO U. S. GOVERNMENT PRINTING OFFICE: 2009-535-303 SSS Form 3B (May-07)

(Cut along dotted line.)



Dear Registrant:

Please keep this letter as legal proof of your registration. Or, you may keep only the wallet sized registration acknowledgment provided below for your convenience.

Use the top portion of this letter to update and/or correct your information. Please review it carefully. Mark through any mistakes and write in the correct information. If you made any changes, cut off the top portion of this letter, and mail it to the Selective Service System using the envelope provided. **If your information is correct, do not return this form.** However, when any of your information changes, you are required to notify the Selective Service System within 10 days. If changing only your address, you may go to www.sss.gov.

FOR NON-IMMIGRANT ALIENS: If you are on a valid visa and believe that you were registered in error, send this entire form and a copy of your I-94, I-95A, or Border Crossing Card (DSP-150) to: Selective Service System, P.O. Box 94638, Palatine, Illinois 60094-4638.

If you have questions about the Selective Service System, call 1-847-688-6888.

Thank You!



Here's your official
Registration Acknowledgment

Cut it out and safeguard it as your proof of having registered.

		SSS Form 3A (May-07)	
Registration Acknowledgment			
SELECTIVE SERVICE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER	LAST ACTION DATE
91-1379706-3	07-18-91	371-13-1928	01-20-10
NAME AND CURRENT MAILING ADDRESS			
JOSEPH D KODOS 26075 CLEAR HARRISON TOWNSHIP, MI 48045			
SIGNATURE OF REGISTRANT		The Selective Service System thanks you for registering. This form is your official Registration Acknowledgment. Cut it out and safeguard it as your proof of having registered.	
		DIRECTOR	
		Lawrence G. Romo	