SELECTIVE SERVICE SYSTEM

http://www.sss.gov



If corrections are necessary mail completed form to:

Selective Service System P.O. Box 94636 Palatine, IL. 60094-4636

Date of birth:

Dear Mr.

This is your Registration Acknowledgment Letter, which you should keep as proof of your registration with the Selective Service System. A Change/Correction Form has also been included. Use the form to correct information currently in your Selective Service record.

Federal law requires that until January 1 of the year you reach age 26 you:

- Notify Selective Service of errors and changes within 10 days of the date of change. Examples are listed below.
 - Errors in your record (such as date of birth).
 - Changes in your current address (the place where you currently live).
 - Changes in your permanent address (a place where you can always be reached; for example, your parents' address).
 - Legal name change.
- 2. Provide your Social Security Account Number to Selective Service.

Failure to comply with these requirements is a violation of the Military Selective Service Act. The maximum penalty for a violation of this Act is a \$250,000 fine or five years in prison or both.

IMPORTANT NOTE:

Federal and State laws require registration-age men applying for some benefits (such as student financial aid, Federal employment, job training, etc.) to be registered with Selective Service. Please keep this letter as legal proof of your registration. Or, you may keep only the wallet size Registration Acknowledgment provided below for your convenience.

		← Cut	Here ->		
Registration A	Acknowledgme	ent	Selective Servi	ce System	
Selective Service Number	Date of Birth	Social Security Number	Phone	Sex	Last Action Date
Name and Current	Address		Permanent Address		
Lawrence G. Romo Director	Les.	1 Rem	Registrant's Signature		SSS Form 3A (Mar 91)

IF CORRECTIONS ARE NECESSARY MAIL CORRECTION/CHANGE FORM TO:

Selective Service System P.O. Box 94636 Palatine, IL 60094-4636

http://www.sss.gov

Acknowledgment or to make any future changes in your registration record.

1. This form may be used to correct information on your Registration

2.						t is incorrect, ontaining asteri		k).
3.						mation, write in ective Service.	n the	
4.	such info	ormation is need	ded we wil vice Syste	l contact m, write	you. If the Regis	on about yoursel you have questi tration Informat 638.	ions	
	telephone necessary reported	e number prior s y to maintain yo •	to separat our record	ion from in a cor	active du rect and	anges in address ty. Any other ocurrent status M	changes MUST be	
Selective Se		Social Security N			of Birth	Telephone Number		Action Date
		<u> </u>						
Name								
CURRENT MAILING	ADDRESS			PERMANE	NT ADDRESS			
Number and Street				Number a	nd Street			
City		State	Zip Code	City			State	Zip Code

Signature of Registrant

Date

NAME AND CURRENT MAILING ADDRESS

(Do NOT WRITE IN THE ABOVE SPACE.)

91-9998876-3 1

0 00101-000006

LINDSAY CALVIN JOHNSON RT 1 FALL BRANCH RD BLOUNTVILLE, TN 37617-9801

1-01



First explore your interests, then decide which career path is right for you. Visit todaysmilitary.com/ssb2 or fill out and return the enclosed reply card 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.

TODAY'S DATE

SIGNATURE OF REGISTRANT

G20: U. S. GOVERNMENT PRINTING OFFICE: 2014-734-022/20019 SSS Form 3B (Apr-11

(Cut along dotted line.)



Dear Registrant:

Please keep this letter or the wallet sized registration acknowledgment provided below as proof of your registration. Please review it carefully. Use the top portion of this letter to update and/or correct your information. Mark through any mistakes and write the correct information.

IF YOU MADE CHANGES: Return the top portion of this letter to: Selective Service System, P.O. Box 94636, Palatine, Illinois 60094-4636. If changing only your address, you may go to www.sss.gov. You are required to notify the Selective Service System within 10 days of any change.

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!

We estimate the public reporting burden for this collection will vary from 1 - 2 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspects of the collection of information, including suggestions for reducing this burden to: Selective Service System, SSS Forms Officer (3240-0003), Arlington, VA 22209-2425. The OMB control number 3240-0003, is currently valid. Persons are not required to respond to this collection unless it displays a valid OMB control number.



Here's your official Registration Acknowledgment

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





This form is your official Registration Acknowledgment. Cut it out and saleguard it as your proof of having registered.

DEVECTOR

Lawrence G. Romo

01-01-10

************** 3-DIGIT 376

(Do NOT WRITE IN THE ABOVE SPACE.)

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LINDSAY CALVIN JOHNSON RT 1 FALL BRANCH RD BLOUNTVILLE, TN 37617-9801



Learn exactly what an educatio can do for you. Visit todaysmilitary.com/degree or fill out and return the enclosed card for more information.

Change of Information Form

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TODAY'S DATE

SIGNATURE OF REGISTRANT

Garage U. S. GOVERNMENT PRINTING OFFICE: 2014-734-022/20017 SSS Form 3B (Apr-11)

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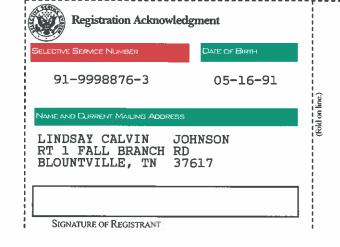
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SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER

XXX-XX-6054

01-01-10

The Selective Service System thanks you for registering. This form is your official Registration Acknowledgmen Cut it out and safeguard it as your proof of having registered

awrence G. Romo

VAME AND CURRENT MAILING ADDRESS

************ 3-DIGIT 376

(Do NOT WRITE IN THE ABOVE SPACE.)

91-9998876-3

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00101-000005

LINDSAY CALVIN JOHNSON RT 1 FALL BRANCH RD BLOUNTVILLE, TN 37617-9801

1-01



With more than 4,000 jobs to explore, the Military could be your best opportunity for a promising future. Visit todaysmilitary.com/calling or fill out and return the enclosed card 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.

TODAY'S DATE

SIGNATURE OF REGISTRANT

G:: U. S. GOVERNMENT PRINTING OFFICE: 2014-734-022/20019 SSS Form 3B (Apr-11)

(Cut along dotted line.)



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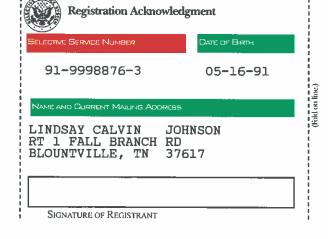
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SSS Form 3A (Apr-11)

SOCIAL SECURITY NUMBER

LAST ACTION DATE

XXX-XX-6054

O1-01-10

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.

Departures

Lawrence G. Romo

REGISTRATION STATUS FORM

INSTRUCTIONS: PLEASE PRINT CLEARLY.

45065399K-JOHN 7F OTNM 000001 031510

*READ THE PRIVACY ACT STATEMENT ON THE BACK OF THIS FORM.

. REVIEW ITEMS 1-6, ENTER MISSING DATA, CORRECT ANY PRE-PRINTED INFORMATION THAT IS IN ERROR.

. CHECK ALL APPROPRIATE BOXES AND SIGN AND DATE THE FORM BELOW.

*RETURN ENTIRE FORM, COMPLETED AND SIGNED, IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS OF RECEIPT TO: SELECTIVE SERVICE SYSTEM

1.	DATE OF BIRTH: 05-16-91		2. SOCIAL SECURITY NUI	MBER: ON FILE
3.	TELEPHONE NUMBER:	(NUMBER)	<u>-</u>	
4.	NAME: LINDSAY	CALVIN	JOHNSON (LAST)	
5.	CURRENT MAILING ADDRESS:	(MIDDLE)	(LAST)	(JR, II, ETC.)
	RT 1 FALL BRANCH RD BLOUNTVILLE, TN 37617			
	S	ECTION A-	REGISTRATION	
	U MAY REGISTER ON-LINE VIA			
	ECK APPROPRIATE BOX AND SIGN AND YOU REGISTER VIA THE INTERNET, YOU REGISTER WE WITH SELECTIVE	DO NOT NEED TO RET	JRN THIS FORM.	
		DO NOT NEED TO RETO SERVICE. I HAVE NOT	JRN THIS FORM. REGISTERED PREVIOUSLY.	(CITY/STATE).
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I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE AND COMPLETE. SIGNING THIS FORM CONSTITUTES REGISTRATION WITH THE SELECTIVE SERVICE IN ACCORDANCE WITH THE LAW UNLESS YOU'VE CLAIMED AN EXEMPTION ABOVE.

SIGNATURE:

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