



SUPERINTENDENT OF PUBLIC INSTRUCTION

Chris Reykdal Old Capitol Building PO BOX 47200 Olympia WA 98504-7200 <http://www.k12.wa.us>

VOLUNTARY SURRENDER OF CERTIFICATE(S)

I hereby voluntarily surrender my certificate(s). Certificate No.: 406969F

I further understand that the Superintendent of Public Instruction will notify other states and public and private school officials within the state of Washington that I have voluntarily surrendered my certificate(s).

Name: James Johnson

Certificate No. 406969F

I agree, if I request reinstatement of the certificate(s) I have voluntarily surrendered, to provide the Superintendent of Public Instruction with an affidavit describing in full the reasons for my voluntary surrender of the certificate(s) listed above.

Dated this 8 day of February, 2021

James M. Johnson

Printed Name

[Signature]

Signature

[Redacted Address]

Address

[Redacted City, State, Zip]

City, State, Zip

SUBSCRIBED AND SWORN to before me this 8th day of February, 2021.

Toni A. Miller

Notary Public in and for the state of

Washington, Residing at Maple Valley

My commission expires: 5/1/2021

