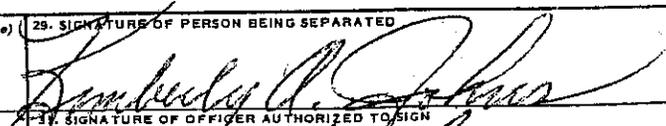


THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>JOHNS KIMBERLY ALLEN</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		4. DATE OF BIRTH YEAR: <b>73</b> MONTH: <b>Mar</b> DAY: <b>27</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE RegAF</b>			6a. GRADE, RATE OR RANK <b>Amn</b>		b. PAY GRADE <b>E-2</b>	7. DATE OF RANK YEAR: <b>73</b> MONTH: <b>Mar</b> DAY: <b>27</b>
8a. SELECTIVE SERVICE NUMBER <b>Unknown</b>		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>Unknown</b>		c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>735 SE Malden, Portland, Multnomah Co, OR 97202</b>		
9a. TYPE OF SEPARATION <b>DISCHARGE</b>			9b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Mt Home AFB, ID</b>			
6. AUTHORITY AND REASON -----					d. EFFECTIVE DATE YEAR: <b>73</b> MONTH: <b>Jul</b> DAY: <b>30</b>	
9c. CHARACTER OF SERVICE <b>HONORABLE</b>				f. TYPE OF CERTIFICATE ISSUED <b>DD Fm 256AF</b>		10. REENLISTMENT CODE -----
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>366th OMS/TAC</b>			12. COMMAND TO WHICH TRANSFERRED <b>N/A</b>			
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION YEAR: <b>N/A</b> MONTH: <b>N/A</b> DAY: <b>N/A</b>		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Portland, Oregon</b>			15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: <b>72</b> MONTH: <b>Nov</b> DAY: <b>27</b>	
16a. PRIMARY SPECIALTY NUMBER AND TITLE <b>U43131C - Acft Maint Spec</b>		16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>Airplane Mech 621.281</b>		18. RECORD OF SERVICE		
17a. SECONDARY SPECIALTY NUMBER AND TITLE <b>None</b>		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>None</b>		18. RECORD OF SERVICE (continued)		
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) * See Item 27 SECONDARY/HIGH SCHOOL <b>12 YRS (1-12 grades)</b> COLLEGE <b>00 YRS</b>		
21. TIME LOST (Preceding Two Yrs) <b>No Time Lost</b>		22. DAYS ACCRUED LEAVE PAID <b>11</b>		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$18,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: <b>None</b>
25. PERSONNEL SECURITY INVESTIGATION						
				a. TYPE <b>None</b>		b. DATE COMPLETED <b>N/A</b>
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM - AFM 900-3.</b>						
27. REMARKS <b>Blood Group: O/Pos. AQE: M-50 A-45 G-45 E-30. DAFSC: U43151C. Bsc Mil Tng ABM99000-Comp1 72. Acft Maint Spec Jet Acft 1 &amp; 2 Eng-Crse 3ABR43131C-1 - Comp1 73. Item 20: HS GED.</b>						
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>735 SE Malden, Portland, Multnomah Co, OR 97202</b>				29. SIGNATURE OF PERSON BEING SEPARATED 		
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>ALICE M. MILLS, Ch, Anal &amp; Cert Unit 3B Directorate of Pers Data Systems</b>				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 		