


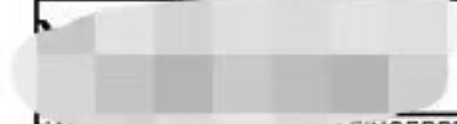




LEFT PLAIN THUMB 	RIGHT PLAIN THUMB 	GAMBIT ID INFORMATION RCMP Accredited Agency:  RCMP OF [redacted] Address: [redacted] [redacted] da [redacted] [redacted] .1J [redacted] [redacted] [redacted] .com 1-800-970-0404 [redacted] sion: V. [redacted] Gambit ID Fingerprint Exam Method: [redacted]	DATE FINGERPRINTED (YYYY-MM-DD) [redacted] UTC
			SIGNATURE OF PERSON FINGERPRINTED 
			NAME OF OFFICIAL TAKING FINGERPRINTS 
			SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 
			FINGERPRINTING AGENCY NAME AND ADDRESS XYZ Fingerprinting