ENDORSEMENTS AND LIMITATIONS

This passport is valid for all countries unless otherwise endorsed [subject to any visa or other entry regulations of countries to be visited].

MENTIONS ET RESTRICTIONS

Ce passeport est valable pour tous les pays, sauf indication contraire. (Le titulaire doit également se conformer aux formalités d'entrée des pays où il a l'intention de se rendre.)

(Signature of bearer - Signature du titulaire)

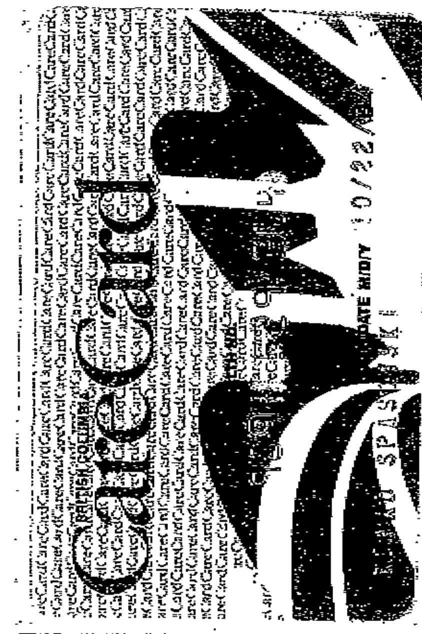
PASSPORT
PASSEPORT

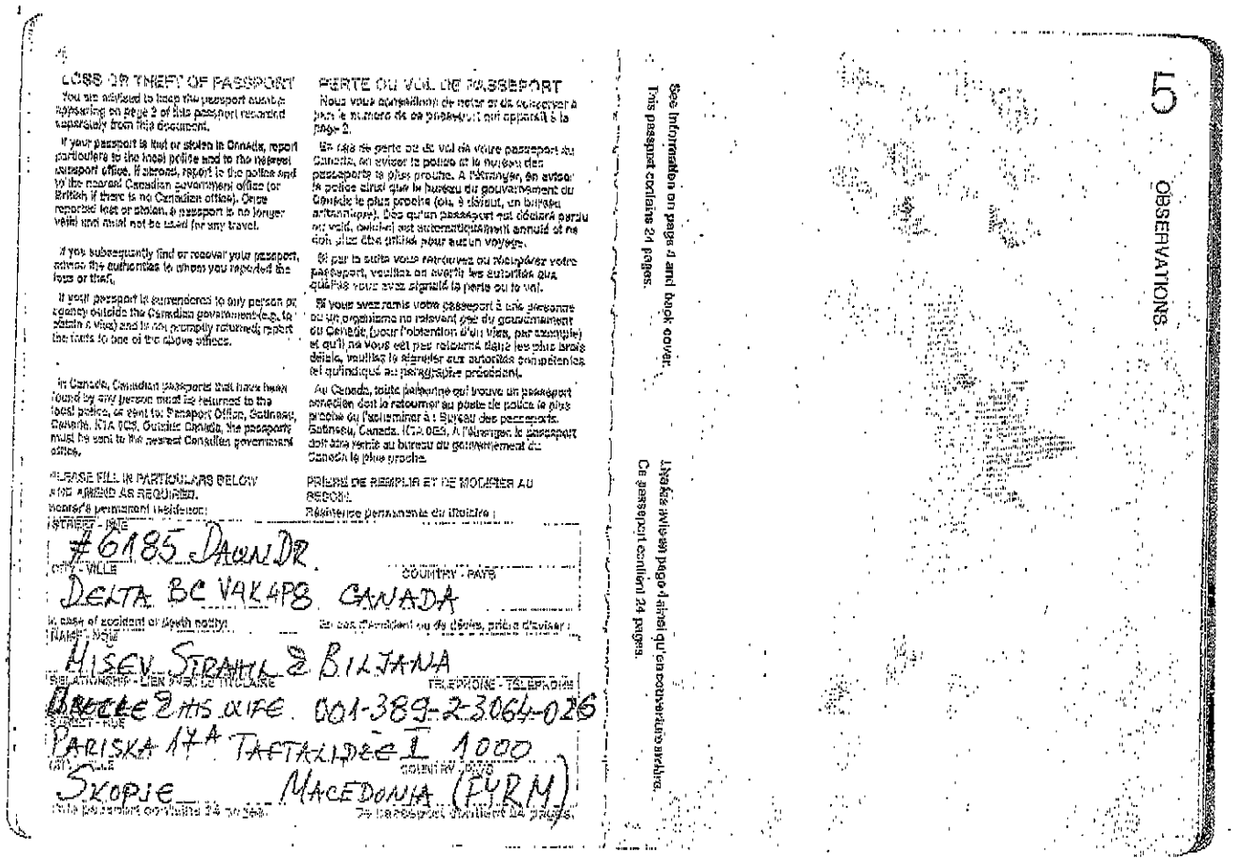
CANADA

Type/Type	P
Issuing Country/Pays émetteur	CAN
Passport No./N° de passeport	JK491581
Surname/Nom	SPASOVSKI
Given names/Prénoms	NENAD
Nationality/Nationalité	CANADIAN/CANADIENNE
Date of birth/Date de naissance	22 OCT /OCT 84
Sex/Sexe	M
Place of birth/Lieu de naissance	SKOPJE MKD
Date of issue/Date de délivrance	17 MAY /MAI 05
Issuing Authority/Autorité de délivrance	RICHMOND
Date of expiry/Date d'expiration	17 MAY /MAI 10

P<CANSPASOVSKI<<NENAD<<<<<<<<<<<<<<<<<<<<<<<

JK491581<7CAN8410227M1005172<<<<<<<<<<<<<<04





LOSS OR THEFT OF PASSPORT

You are advised to keep the passport number appearing on page 2 of this passport recorded separately from this document.

If your passport is lost or stolen in Canada, report particulars to the local police and to the nearest passport office. If abroad, report to the police and to the nearest Canadian government office (or British if there is no Canadian office). Once reported lost or stolen, a passport is no longer valid and must not be used for any travel.

If you subsequently find or recover your passport, advise the authorities to whom you reported the loss or theft.

If your passport is surrendered to any person or agency outside the Canadian government (e.g. to obtain a visa) and is not promptly returned, report the facts to one of the above offices.

In Canada, Canadian passports that have been found by any person must be returned to the local police, or sent to: Passport Office, Gatineau, Canada, K1A 0G3. Outside Canada, the passport must be sent to the nearest Canadian government office.

PLEASE FILL IN PARTICULARS BELOW AND AMEND AS REQUIRED.
Holder's permanent residence:
STREET - RUE
#6185 DAWN DR.
CITY - VILLE
DELTA BC V4K4P8
COUNTRY - PAYS
CANADA
In case of accident or death notify:
NAME - NOM
HISEV STRAHIL & BILJANA
RELATIONSHIP - LIEN AVEC LE TITULAIRE
TELEPHONE - TÉLÉPHONE
BROTHER & HIS WIFE
001-389-2-3064-026
STREET - RUE
PARISKA 17A TAFTALIDEE 1 1000
CITY - VILLE
SKOPJE
COUNTRY - PAYS
MACEDONIA (FYRM)
This passport contains 24 pages.

PERTE OU VOL DE PASSEPORT

Nous vous conseillons de noter et de conserver à part le numéro de ce passeport qui apparaît à la page 2.

En cas de perte ou de vol de votre passeport au Canada, en aviser la police et le bureau des passeports le plus proche. A l'étranger, en aviser la police ainsi que le bureau du gouvernement du Canada le plus proche (ou, à défaut, un bureau britannique). Dès qu'un passeport est déclaré perdu ou volé, celui-ci est automatiquement annulé et ne doit plus être utilisé pour aucun voyage.

Si par la suite vous retrouvez ou récupérez votre passeport, veuillez en aviser les autorités que vous avez signalé la perte ou le vol.

Si vous avez remis votre passeport à une personne ou un organisme ne relevant pas du gouvernement du Canada (pour l'obtention d'un visa, par exemple) et qu'il ne vous est pas retourné dans les plus brefs délais, veuillez le signaler aux autorités compétentes ci-dessus au paragraphe précédent.

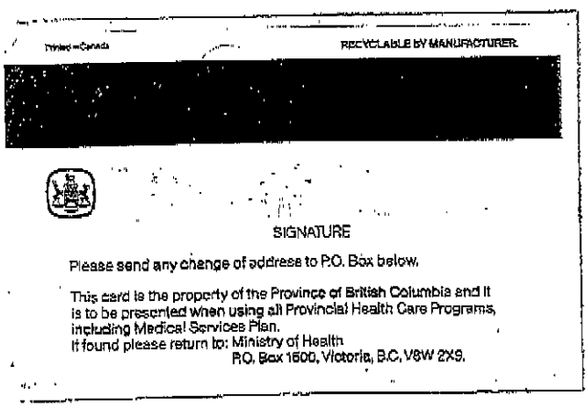
Au Canada, toute personne qui trouve un passeport canadien doit le retourner au poste de police le plus proche ou l'acheminer à : Bureau des passeports, Gatineau, Canada, K1A 0G3. A l'étranger, le passeport doit être remis au bureau du gouvernement du Canada le plus proche.

PRIÈRE DE REMPLIR ET DE MODIFIER AU BESOIN.
Résidence permanente du titulaire :
RUE
CITÉ
PAYS
En cas d'accident ou de décès, aviser :
NOM
LIEN AVEC LE TITULAIRE
TÉLÉPHONE
RUE
CITÉ
PAYS
Ce passeport contient 24 pages.

See information on page 1 and back cover.
This passport contains 24 pages.

Voyez les renseignements à la page 1 ainsi qu'en couverture arrière.
Ce passeport contient 24 pages.

OBSERVATIONS



Printed in Canada
RECYCLABLE BY MANUFACTURER

SIGNATURE

Please send any change of address to P.O. Box below.

This card is the property of the Province of British Columbia and it is to be presented when using all Provincial Health Care Programs, including Medical Services Plan.
If found please return to: Ministry of Health
P.O. Box 1600, Victoria, B.C. V8W 2X9.

DRIVER STATEMENT OF DECLARATION

1. Is your driving privilege currently suspended, revoked, cancelled, or prohibited in British Columbia or any other jurisdiction? NO
2. Do you hold a driver's licence outside of British Columbia? NO
3. Do you have any medical or physical conditions? NO

4. Was a translator used? NO

I hereby apply to the Insurance Corporation of British Columbia for issuance of a Driver's Licence under the provision of the Motor Vehicle Act and Regulations. By signature hereon, I declare that information provided in support of this application is true and correct. I will provide a signature that allows for electronic capture and storage as part of this application. I fully understand that any Driver's Licence issued is subject to medical approval and/or Driver record review, and, in no way alters, affects, or cancels any current prohibition or suspension from driving in British Columbia. Any expenses incurred as a result of this application are the responsibility of the applicant. This information is collected by the Insurance Corporation of British Columbia under the authority of the Motor Vehicle Act, sections 25 or 31. It will be used to process your application for a driver's licence and to carry out authorized programs under the Motor Vehicle Act. It may be disclosed pursuant to sections 33 or 79(1) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection and use of this information, contact the Customer Service Unit of the Insurance Corporation of British Columbia, PO Box 3750, Victoria B.C. V8W 3Y5, or call (250) 978-8300 or 1-800-950-1498.

Transaction Completed: 2 YEAR RENEWAL
JL-PX14981 154622 DL#: 7500965 Fee Paid: $31.00 Receipt #: JA081861
Feecode #: 222002

ICBC Insurance Corporation of British Columbia

Interim Driver's Licence

This Driver's Licence is not recommended for the purpose of identification.

The person named is licensed to drive or operate a motor vehicle subject to the conditions stated and class indicated. This licence is issued subject to medical and driver record review.

DL #: 7500965
NAME: SPASOVSKI, NENAD
Address: 6185 DAWN DR
DELTA BC
V4K 4P8
CLASS 7
Date of Issue: 2008-MAY-12
Expiry of Interim: 2008-JUL-11
Date of Birth: 1934-OCT-22
Height: 1.78 m
Eye Colour: BROWN
Weight: 86.0 KG
Hair Colour: BROWN
Restrictions/Endorsements: 44 45
(CODES DEFINED ON REVERSE)

Transaction Completed: 2 YEAR RENEWAL
Issuing Office: RICHMOND EXP JL-PX14981 154622
Fee Paid: $31.00 Receipt #: JA081861
Feecode #: 222002

THIS IS AN INTERIM DRIVER'S LICENSE. YOUR PHOTO LICENCE WILL BE MAILED TO YOU WITHIN 30 DAYS. ANY CONDITIONS STATED ON THE REVERSE AND FRONT OF THIS LICENCE MUST BE OBSERVED. EARLIEST DATE FOR THE ROAD TEST IS 2008-MAY-01

CHANGE OF ADDRESS

If you change your residential address you must notify the Insurance Corporation of British Columbia within ten days.

CHANGE OF NAME

If you change your name you must present yourself within ten days to a Driver Services Centre in order to change your name on your driver's licence. Legal change of name and identification documents must be presented.

PHOTO DL ~~WILL NOT BE MAILED~~ UNTIL PRIMARY AND SECONDARY I.D. ARE PRODUCED

Canadian Citizenship

Nena Spasovski
Signature

MV2648 (082006)