



05/19/2009

RECEIPT OF PAYMENT

TO: First Name lastname

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: ARS-06-000003

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 615.00 TO AZIMUTH RISK SOLUTIONS, LLC.

PAYMENT RECEIVED BY VISA CARD XXXXXXXXXXXXX5804

EXP: 1-2010

**THANK YOU FOR CHOOSING AZIMUTH RISK SOLUTIONS, LLC FOR
YOUR INTERNATIONAL MEDICAL INSURANCE NEEDS.**