



07/09/2009

RECEIPT OF PAYMENT .....

TO: Samantha Murrell

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: ARS-03-0001037

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 840.00 TO AZIMUTH RISK SOLUTIONS, LLC.

PAYMENT RECEIVED BY VISA CARD XXXXXXXXXXXXX3845

EXP: 6-2011

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