

INVOICE

Azimuth Risk Solutions, LLC 1 North Pennsylvania Street, Ste 600 Indianapolis, Indiana 46204 (317)644-6291/ (888)201-8850 (317)423-9620/ (888)201-8851 Fax

Date: 03/04/2011 Invoice #: 32bf5eea9158

Bill To:

Test Group 2 222 okay ave ste 600 Indianapolis, IN, United States 317-2222-2222 (phone) **Make all checks payable to:** Azimuth Risk Solutions, LLC.

Please find below the invoice details for the above-mentioned Beacon Travel Group. The invoice is due within 20 days of the above date. Please contact your agent of record or Azimuth direct with any questions regarding this invoice at SERVICE@AZIMUTHRISK.COM. Below are the member details for this invoice.

PARTICIPATING MEMBER	INDENTIFICATION PROGRAM NAME	DAYS COVERE	PREMIUM DDUE
Ethan M. Padgett			\$ 24.90
Jordynn A. Robinson	n		\$ 24.90
Taylor L. Sullivan			\$ 24.90
Matthew J. Sullivan			\$ 24.90
		Total	
		Premium	\$ 99.60
		Due=	

THANK YOU FOR YOUR BUSINESS!