



04/12/24

RECEIPT OF PAYMENT

TO: Glens Falls Medical Mission

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE INTERNATIONAL ASSURANCE TRAVEL
MEDICAL PLAN "**

CERTIFICATE NUMBER: BG001030

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 0.00 TO AZIMUTH
RISK SOLUTIONS.**

PAYMENT RECEIVED BY Visa XXXXXXXXXXXXX2588 3/2026

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