

06/12/2020

RECEIPT OF PAYMENT

TO: Alena Khamidzi

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802048425

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM

OF \$ 738.92 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX3491 Exp Date :4/2024

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

For customer service or repurchase, please | For claims and emergency assistance please

contact: contact the plan administrator:

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