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RECEIPT OF PAYMENT

TO: Vitalii Brovdii

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802052602

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 8.82 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX3483 Exp Date :4/2025

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