



06/01/2020

RECEIPT OF PAYMENT

TO: Haley Kathryn McNeese

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE MERIDIAN SERIES ”

CERTIFICATE NUMBER: 691802048262

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM
OF \$ 1,334.00 TO AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX7287
2023

Exp Date :07-

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