



10/01/2020

RECEIPT OF PAYMENT

TO: Kirsten Stellick

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802050013

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 546.62 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX4225

Exp Date :5/2023

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