

RECEIPT OF PAYMENT .....

TO: Lin Liu

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802051122** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,030.55 TO

AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX4018 Exp Date :8/2024

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

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Insubuy<sup>®</sup>, Inc. plan administrator:

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