



07/06/2020

RECEIPT OF PAYMENT

TO: Solomie Bereded Mesfin

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE MERIDIAN SERIES ”

CERTIFICATE NUMBER: 691802048709

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 329.40 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX1928

Exp Date :04-2025

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