

02/18/2021

RECEIPT OF PAYMENT .....

**TO: Andrey Emelianov** 

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "** 

CERTIFICATE NUMBER: 691802052640

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 32.63 TO AZIMUTH RISK SOLUTIONS.

Exp Date :3/2024

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX0511

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