



02/28/2021

**RECEIPT OF PAYMENT .....**

**TO: Dors Garcia-Smith**

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

**CERTIFICATE NUMBER: 691802052797**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 17.64 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY American Express: XXXXXXXXXXXXX1004**

**Exp Date :2/2026**

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