



01/30/2021

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

**TO: Melanie Markarid**

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

**CERTIFICATE NUMBER: 691802052205**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 60.71 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX0550      Exp Date :1/2026**

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