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RECEIPT OF PAYMENT .....

TO: Feruz Abulov

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802052048** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 16.80 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY AMEX: XXXXXXXXXXXXX5005 Exp Date :10/2024

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

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