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RECEIPT OF PAYMENT

TO: Danny Coulombe

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802050806

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 64.80 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXXX1036 Exp Date:08/2021

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