



02/25/2021

RECEIPT OF PAYMENT

TO: Kristopher john Long

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802052733

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 229.32 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX9578 Exp Date :3/2026

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

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