



02/24/2021

RECEIPT OF PAYMENT

TO: Melissa Ramirez tamayo

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”

CERTIFICATE NUMBER: 691802052724

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 19.34 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY AMEX: XXXXXXXXXXXXX1001 Exp Date :2/2024

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

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