



**04/01/2020**

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

**TO: Michelle J Duncan**

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

**CERTIFICATE NUMBER: 691802047922**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,028.66 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX8229**  
**:03/2024**

**Exp Date**

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