

12/23/2020

RECEIPT OF PAYMENT .....

TO: KAILAS A PATEL

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051662

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 247.52 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX1583 Exp Date :9/2023

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

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