

11/03/2020

RECEIPT OF PAYMENT .....

**TO: Michelle Dabkowski** 

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

CERTIFICATE NUMBER: 691802050587

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 173.28 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX9667

Exp Date :5/2025

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