



02/14/2021

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

**TO: Tanya L Brunet**

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

**CERTIFICATE NUMBER: 691802052586**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 19.80 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX1322**

**Exp Date :11/2024**

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