



**05/21/2020**

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

**TO: Victoria Rayle**

**REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”**

**CERTIFICATE NUMBER: 691802048155**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 393.12 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXXX9379**

**Exp Date :09/2021**

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