



02/19/2021

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

**TO: Paxton Winters**

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

**CERTIFICATE NUMBER: 691802049498**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 21.56 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY : XXXXXXXXXXXXXXX3641      Exp Date :06/2024**

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