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RECEIPT OF PAYMENT .....

TO: Greg A Schob

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802052083** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 151.53 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Amex: XXXXXXXXXXXXXXXX8018 Exp Date :09/2025

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