

03/01/2021

RECEIPT OF PAYMENT .....

**TO: Gabriel Sutton** 

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

CERTIFICATE NUMBER: 691802050187

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 87.61 TO AZIMUTH RISK SOLUTIONS.

Exp Date :04/2023

PAYMENT RECEIVED BY : XXXXXXXXXXX6695

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