



02/17/2021

RECEIPT OF PAYMENT

TO: CARRON SCHMICK

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802052636

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 25.12 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5391 Exp Date :04/2025

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