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RECEIPT OF PAYMENT

TO: Charlotte Wilkinson

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802049390

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 209.29 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXX4202 Exp Date:09/2024

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