



12/23/2020

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

**TO: Mike Soda**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "**

**CERTIFICATE NUMBER: 691802051630**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 556.08 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX6647      Exp Date :11-2023**

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