



02/20/2021

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

**TO: Salma Masuda Lisa**

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

**CERTIFICATE NUMBER: 691802052684**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 14.63 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY AMEX: XXXXXXXXXXXXX3005      Exp Date :12/2025**

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

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