



10/26/2020

RECEIPT OF PAYMENT

TO: Aron Freund

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802050436

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 106.86 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY American Express: XXXXXXXXXXXXX2004

Exp Date :7/2025

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