



11/18/2020

RECEIPT OF PAYMENT

TO: Michael Daid Boado

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802048152

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,008.68 TO
AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY : XXXXXXXXXXXXX4219 Exp Date :03/2023

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