



02/17/2021

RECEIPT OF PAYMENT

TO: Chelsea Allen

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802046079

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 38.50 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY : XXXXXXXXXXXXX8212 Exp Date :02/2024

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