



**05/13/2020**

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

**TO: Milana Marie Ballard**

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

**CERTIFICATE NUMBER: 691802048055**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 279.44 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX0861**  
**2024**

**Exp Date :10-**

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