



**12/16/2020**

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

**TO: Jessica Koster**

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

**CERTIFICATE NUMBER: 691802043916**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 490.05 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY : XXXXXXXXXXXXX2560      Exp Date :08/2023**

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