

RECEIPT OF PAYMENT .....

TO: HOSSDANA GIMENEZ AVILES GARCIA

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

**CERTIFICATE NUMBER: 691802050163** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,220.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXXX8149 Exp Date :09-2024

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