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RECEIPT OF PAYMENT

TO: Alvin F Terry

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051833

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 123.76 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX8853 Exp Date :11/2024

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

For customer service or repurchase, please contact: For claims and emergency assistance please contact the

Insubuy[®], Inc. plan administrator:

Azimuth Risk Solutionssm

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