

10/10/2020

RECEIPT OF PAYMENT .....

TO: michael joseph swanson

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802050182** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 294.94 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY AMEX: XXXXXXXXXXXXX2008 Exp Date :3/2025

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

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