

12.2.	

RECEIPT OF PAYMENT

TO: Brian Connors

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051314

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 210.63 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXXX4835 Exp Date:12/2024

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