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RECEIPT OF PAYMENT .....

**TO: Patrick Alan Tone** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

**CERTIFICATE NUMBER: 691802050228** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 591.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXX4619

Exp Date :07-2023

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