



02/25/2021

RECEIPT OF PAYMENT

TO: roberta santangelo

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802052728

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 35.36 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5753 Exp Date :3/2021

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