

01/27/2021

RECEIPT OF PAYMENT

TO: Mahmood Mujadidi

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802052129

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 16.64 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXXX8596 Exp Date :1/2025

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

4200 Mapleshade Ln, Suite 200

Plano, TX 75093 5218 S East St., Suite E-1

United States Indianapolis, IN 46227

Toll Free: +1 (866) INSUBUY United States

Phone:+1 (972) 985-4400 Toll Free: +1 (888) 201-8850

Email: info@insubuy.com | Fax: +1 (888) 201-8851