



11/13/2020

RECEIPT OF PAYMENT

TO: Michelle Hardesty

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802044889

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 224.77 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY : XXXXXXXXXXXXX1356 Exp Date :01/2024

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