

07/06/2020

RECEIPT OF PAYMENT .....

**TO: Michael Jeffrey Parsons** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: 691802048658

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM

OF \$ 3,372.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5732 Exp Date :12-2023

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