



07/19/2020

RECEIPT OF PAYMENT

TO: Thomas D Sutrick

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802048989

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,670.76 TO
AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX6794 Exp Date :01/2023

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