

12/30/2020

RECEIPT OF PAYMENT .....

**TO: William Joseph Nelson** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

**CERTIFICATE NUMBER: 691802051727** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,863.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5719 Exp Date :12-2025

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