



02/17/2021

RECEIPT OF PAYMENT

TO: Lora Frost

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802052633

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 104.30 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX0311

Exp Date :12/2023

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