



02/14/2021

RECEIPT OF PAYMENT

TO: Michael D Harris

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802052585

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 19.80 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX1322

Exp Date :11/2024

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