



02/18/2021

RECEIPT OF PAYMENT

TO: William Jung Streever

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "

CERTIFICATE NUMBER: 691802052632

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 3,751.00 TO
AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX7039

Exp Date :06-2022

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