



**01/17/2021**

**RECEIPT OF PAYMENT .....**

**TO: Eun Su Lee**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "**

**CERTIFICATE NUMBER: 691802052011**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 62.00 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX0982**

**Exp Date :1/2024**

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