



01/31/2021

RECEIPT OF PAYMENT

TO: Mario Canas Montoliu

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802051734

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 37.80 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY amex: XXXXXXXXXXXXX6728 Exp Date :05/2024

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

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