



**01/10/2021**

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

**TO: CHARLES E SUMITHRA**

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

**CERTIFICATE NUMBER: 691802051947**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 228.80 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY American Express: XXXXXXXXXXXXX1001      Exp Date :11/2025**

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