



02/01/2021

RECEIPT OF PAYMENT

TO: Manuel Parra

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802050053

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 57.40 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY : XXXXXXXXXXXXX2532 Exp Date :03/2021

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