



02/16/2021

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

**TO: Miho Midford**

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

**CERTIFICATE NUMBER: 691802052626**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 81.31 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX3314      Exp Date :1/2024**

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