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RECEIPT OF PAYMENT

TO: Brian David Pate

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

CERTIFICATE NUMBER: 691802049680

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 2,876.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXXX0951 Exp Date :05-2023

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