



**05/14/2020**

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

**TO: Emanuel Grussgut**

**REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”**

**CERTIFICATE NUMBER: 691802048115**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 779.69 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX5878**

**Exp Date :11/2023**

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