



02/17/2021

RECEIPT OF PAYMENT

TO: Maikel Powell Gonzalez

REGARDING: PAYMENT OF INSURANCE PREMIUM “THE BEACON TRAVEL ”

CERTIFICATE NUMBER: 691802052639

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 74.48 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX3392 Exp Date :1/2023

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

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