



**03/17/2020**

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

**TO: ELENA SUKHANOVA**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "**

**CERTIFICATE NUMBER: 691802047808**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM  
OF \$ 644.00 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX6439**  
**2023**

**Exp Date :12-**

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