



**01/08/2021**

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

**TO: Rocio Marilu A Valencia Cerna**

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

**CERTIFICATE NUMBER: 691802051914**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 118.50 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX6819**

**Exp Date :6/2021**

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