



10/26/2020

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

**TO: Ratnasheela Guraddi**

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

**CERTIFICATE NUMBER: 691802050441**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 341.16 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX3203      Exp Date :1/2024**

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

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