



**02/16/2021**

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

**TO: stacy bell**

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

**CERTIFICATE NUMBER: 691802051295**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 62.37 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY : XXXXXXXXXXXXX3083**

**Exp Date :02/2026**

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