

07/09/2020

RECEIPT OF PAYMENT

TO: Marie Juliana Garza

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802048864

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM

OF \$ 339.15 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXXX6032 Exp Date :9/2023

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

For customer service or repurchase, please For claims and emergency assistance please

contact: contact the plan administrator:

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