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RECEIPT OF PAYMENT .....

**TO:** Margaret Rattray

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802051742** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 76.48 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXX5409 Exp Date:11/2024

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