



11/04/2020

RECEIPT OF PAYMENT

TO: Rachel C Levine

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802050805

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 301.35 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Amex: XXXXXXXXXXXXX1029

Exp Date :07/2025

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