



**06/17/2020**

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

**TO: Demetrius Alexander Osborn**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "**

**CERTIFICATE NUMBER: 691802048517**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM  
OF \$ 1,807.00 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX7117**  
**2024**

**Exp Date :02-**

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