



12/17/2020

RECEIPT OF PAYMENT

TO: Lisa Mayo

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802045133

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 682.50 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY : XXXXXXXXXXXXX7657 Exp Date :11/2022

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