



01/25/2021

RECEIPT OF PAYMENT

TO: Daniel Levin

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "

CERTIFICATE NUMBER: 691802051208

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 147.00 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY : XXXXXXXXXXXXX5621 Exp Date :12/2024

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