



05/12/2020

RECEIPT OF PAYMENT

TO: Fatu Welch

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES "

CERTIFICATE NUMBER: 691802048026

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM
OF \$ 428.00 TO AZIMUTH RISK SOLUTIONS.**

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX1830

Exp Date :9-2021

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