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RECEIPT OF PAYMENT .....

**TO: Jena Phillips** 

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE MERIDIAN SERIES"

**CERTIFICATE NUMBER: 691802051784** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 665.76 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY MasterCard: XXXXXXXXXXXXX2605 Exp Date :01-2023

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