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RECEIPT OF PAYMENT .....

TO: marco tittoto

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802049925** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 252.35 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY American Express: XXXXXXXXXXXXXX1007 Exp Date :12/2020

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