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RECEIPT OF PAYMENT

TO: Giuseppe Caccetta

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802051975

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 226.50 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX2819

Exp Date :06/2022

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