



02/24/2021

**RECEIPT OF PAYMENT .....**

**TO: Jesse Molina**

**REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL "**

**CERTIFICATE NUMBER: 691802052721**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 3.80 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Mastercard: XXXXXXXXXXXXX2766      Exp Date :5/2021**

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