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RECEIPT OF PAYMENT .....

TO: Zev W Censor

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

**CERTIFICATE NUMBER: 691802052525** 

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 145.78 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Amex: XXXXXXXXXXXXXX3034 Exp Date :03/2025

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