



02/18/2021

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

**TO: Michael M Lopez**

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

**CERTIFICATE NUMBER: 691802052645**

**THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 60.20 TO AZIMUTH RISK SOLUTIONS.**

**PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXX6284      Exp Date :11/2023**

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