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RECEIPT OF PAYMENT

TO: GLORIA BALILI KATZ

REGARDING: PAYMENT OF INSURANCE PREMIUM "THE BEACON TRAVEL"

CERTIFICATE NUMBER: 691802048031

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 107.10 TO AZIMUTH

RISK SOLUTIONS.

PAYMENT RECEIVED BY: XXXXXXXXXXXXXX4787 Exp Date:01/2024

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