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RECEIPT OF PAYMENT

TO: Nancy R Mehta

REGARDING: PAYMENT OF INSURANCE PREMIUM "Overseas Visitors Insurancesm Plan"

CERTIFICATE NUMBER: 691802052542

THE UNDERSIGNED ACKNOWLEDGES RECEIPT OF PAYMENT IN THE SUM OF \$ 1,031.04 TO AZIMUTH RISK SOLUTIONS.

PAYMENT RECEIVED BY Visa: XXXXXXXXXXXXXX3714 Exp Date :02/2026

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