

Receipt No.: 00000044

Date Received: 2019/12/20

Customer #: 013030

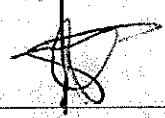
Account Exec.: Accounts, PROLINK Ho

Received From: C Cubed Data Integrators Limit

Policy #	Invoice #	Description of Payment
TGL539271	145923	\$1,292.00 Visa Paid in Full

Total Amount Received \$1,292.00

Received by: Simmons, Samantha

Signature: 

Broker Copy

PROLINK Insurance Inc.

150 King St W

Suite 2401 P.O Box 16

Toronto Ontario

M5H 1J9

Tel (416)595-7484

Fax (416)595-1649

PAID

Receipt

Receipt No. 00000044
Date Received 2019/12/20
Customer # 013030
Account Exec. Accounts, PROLINK Hou

Received From: C Cubed Data Integrators Limit
3 Wood Willow Close Sw
Calgary AB T2W 4H1

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Customer Copy