



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025099637
Receipt Date:	07/22/2025
Date Paid:	07/22/2025
Payment Method:	Check,
Check Number:	7363,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	NEW LIFE CHIROPRACTIC , Address:1008 SW BLUE PKWY, Phone:(816) 347-1515

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62143252	\$50.00