



RECEIPT OF PAYMENT

Receipt Number:	2025099653
Receipt Date:	07/22/2025
Date Paid:	07/22/2025
Payment Method:	Check,
Check Number:	5265,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	XPRESSIONS BOUTIQUE, Address:7700 BRECKENRIDGE AVE, Phone:(816) 347-7441

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC44144356	\$50.00