



LEE'S SUMMIT
MISSOURI

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 |
| | | |