



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025099728
Receipt Date:	07/24/2025
Date Paid:	07/24/2025
Payment Method:	Check,
Check Number:	1246,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/AMANDA POSTLEWAIT, Address:6600 W 149TH ST, Phone:(816) 797-5923

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62140727	\$50.00