



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025101019
Receipt Date:	09/10/2025
Date Paid:	09/10/2025
Payment Method:	Check,
Check Number:	5429,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SPLIT ENDS SALON, Address:656 SE BAYBERRY LN, Unit 103C, Phone:(816) 807-5187

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
Business License	LC81170521	\$50.00