



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025101148
Receipt Date:	09/17/2025
Date Paid:	09/17/2025
Payment Method:	Check,
Check Number:	3201,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B, Phone:(816) 525-7155

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62142126	\$50.00