LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025101659
Receipt Date:	10/10/2025
Date Paid:	10/10/2025
Payment Method:	Check,
Check Number:	48871219,
Transaction Information:	
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	Lee's Summit Surgicenter, LLC d/b/a Surgery Center of Lee's Summit, Address:1950 SE BLUE PKWY , Phone:(816) 272-2370

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62240819	$50.00