

RECEIPT OF PAYMENT

Receipt Number:	2025102118
Receipt Date:	11/03/2025
Date Paid:	11/03/2025
Payment Method:	Check,
Check Number:	1004,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Mommy and Me Chriopractic LLC, Address:811 NE Rice Road, Phone:(913) 787-6787

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
Business License	LC62230827	\$50.00