LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025102262
Receipt Date:	11/07/2025
Date Paid:	11/07/2025
Payment Method:	Check,
Check Number:	3067,
Transaction Information:	
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	KIDZ FIRST THERAPY, Address:2412 SW RIVER TRAIL RD, Phone:(816) 446-9018

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62180036	$50.00