



RECEIPT OF PAYMENT

Receipt Number:	2025103015
Receipt Date:	12/15/2025
Date Paid:	12/15/2025
Payment Method:	Check,
Check Number:	5533,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURAGEOUS HOME CARE LLC, Address:300 SW NOEL ST, Phone:(816) 699-2352

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62180103	\$50.00