



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025103020
Receipt Date:	12/15/2025
Date Paid:	12/15/2025
Payment Method:	Check,
Check Number:	063291,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY BONE & JOINT CLINIC, Address:10701 NALL AVE STE 200, Phone:(913) 381-5225

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62150193	\$50.00