



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2026103763
Receipt Date:	01/26/2026
Date Paid:	01/26/2026
Payment Method:	Check,
Check Number:	822,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY THERAPY, LLC, Address:660 SE Bayberry Lane, Unit 105, Phone:(816) 599-3918

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62160197	\$50.00