



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2026104196
Receipt Date:	02/17/2026
Date Paid:	02/17/2026
Payment Method:	Check,
Check Number:	49293206,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FAMILY HEALTH SPECIALISTS OF LEE'S SUMMIT LLC, Address:2000 SE BLUE PKWY, Unit 270B, Phone:(816) 524-8488

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62160137	\$50.00