



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2026104678
Receipt Date:	03/09/2026
Date Paid:	03/09/2026
Payment Method:	Check,
Check Number:	1932,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ESSENTIAL CHIROPRACTIC LLC, Address:419 SW WARD RD, Unit A, Phone:(816) 895-1800

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62190273	\$50.00