



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|--------------------------|---|
| Receipt Number: | 2026104926 |
| Receipt Date: | 03/19/2026 |
| Date Paid: | 03/19/2026 |
| Payment Method: | Check, |
| Check Number: | 1943, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|------------------|--------------------------------|-------------|
| Business License | LC62190326 | \$50.00 |
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