

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

RECEIPT OF PAYMENT

Receipt Number:	2015011618
Receipt Date:	05/26/2015
Date Paid:	05/26/2015
Payment Method:	Check,
Check Number:	382216,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TAKE CARE HEALTH MISSOURI, P.C., Address:PO BOX 901, Phone:(816) 524-2590

Fees:

Fee Description	Reference / Application Number	Amount Paid
0020-Business License	LC300144002	\$50.00