

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

RECEIPT OF PAYMENT

Receipt Number:	2017024122
Receipt Date:	02/03/2017
Date Paid:	02/03/2017
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DR. AMANDA FISTHER, DPT, LLC., Address:806 SW BLUE PKWY, Phone:(314) 303-6962

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300170069	\$50.00