

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

RECEIPT OF PAYMENT

Receipt Number:	2017030443
Receipt Date:	10/04/2017
Date Paid:	10/04/2017
Payment Method:	Check,
Check Number:	00,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED ORTHOPEDICS AND SPORTS MEDICINE, Address:2000 SE BLUE PKWY, Unit 230, Phone:(816) 525-2840

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160543	\$50.00