

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

RECEIPT OF PAYMENT

Receipt Number:	2018031851
Receipt Date:	01/24/2018
Date Paid:	01/24/2018
Payment Method:	Check,
Check Number:	30666546,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY NEUROLOGY ASSOCIATES LLC, Address:2000 SE BLUE PKWY, Unit 270A, Phone:(816) 524-1700

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160136	\$50.00