

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

RECEIPT OF PAYMENT

Receipt Number:	2018034027
Receipt Date:	05/14/2018
Date Paid:	05/14/2018
Payment Method:	Check,
Check Number:	07902,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE PEDIATRICS, Address:995 SW 34TH ST, Phone:(816) 525-4700

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143556	\$50.00