

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

RECEIPT OF PAYMENT

| Receipt Number: | 2018035966 |
|-----------------|---|
| Receipt Date: | 06/28/2018 |
| Date Paid: | 06/28/2018 |
| Payment Method: | Check, |
| Check Number: | 2048, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | JAMES L FLEMING MD, Address:618 SE 4TH ST, Phone:(816) 213-1885 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300141821 | \$50.00 |
| | | |