

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

RECEIPT OF PAYMENT

Receipt Number:	2018036110
Receipt Date:	07/02/2018
Date Paid:	07/02/2018
Payment Method:	Check,
Check Number:	31759055,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY, Phone:(816) 282-5000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142755	\$50.00