LEE'S SUMMIT
MISSOURI

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018039201
Receipt Date:	12/18/2018
Date Paid:	12/18/2018
Payment Method:	Check,
Check Number:	32962754,
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	FAMILY HEALTH SPECIALISTS OF LEE'S SUMMIT LLC, Address:2000 SE BLUE PKWY, Unit 270B, Phone:(816) 524-8488

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160137	$50.00