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RECEIPT OF PAYMENT

Receipt Number:	2018031755
Receipt Date:	01/17/2018
Date Paid:	01/17/2018
Payment Method:	Check,
Check Number:	8970,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SAGEBRUSH INSURANCE SERVICES INC, Address:500 SW MARKET ST, Unit A, Phone:(913) 498-9090

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180032	\$50.00