



DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2018039290
Receipt Date:	12/27/2018
Date Paid:	12/27/2018
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER/BRYNLEE CASE, Address:27809 E 133RD CT., Phone:(208) 681-8595

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180748	\$50.00