

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

| | |
|-----------------|--|
| Receipt Number: | 2019039697 |
| Receipt Date: | 02/05/2019 |
| Date Paid: | 02/05/2019 |
| Payment Method: | Check, |
| Check Number: | 9880, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | RESEARCH NEUROSCIENCE INSTITUTE , Address:2000 SE BLUE PKWY, Unit 270, Phone:(816) 363-2500 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300160138 | \$50.00 |
| | | |