



---

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019039807
Receipt Date:	02/13/2019
Date Paid:	02/13/2019
Payment Method:	Check,
Check Number:	1067,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	REJUVENATE MEDICAL LLC, Address:400 SW LONGVIEW BLVD, Unit 160, Phone:(816) 761-3944

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180121	\$50.00