

DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2019042216 |
| Receipt Date: | 05/29/2019 |
| Date Paid: | 05/29/2019 |
| Payment Method: | Check, |
| Check Number: | 08914, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | RAINTREE PEDIATRICS, Address:995 SW 34TH ST, Phone:(816) 525-4700 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC300143556 | \$50.00 |
| | | |