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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

Receipt Number:	2019042914
Receipt Date:	06/12/2019
Date Paid:	06/12/2019
Payment Method:	Check,
Check Number:	1422347,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL ORTHOPAEDICS SPECIALISTS INC, Address:120 NE SAINT LUKES BLVD, Unit 200, Phone:(816) 246-4302

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143546	\$50.00