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DEVELOPMENT SERVICES

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2019043725  |
| Receipt Date:   | 07/01/2019  |
| Date Paid:      | 07/01/2019  |
| Payment Method: | Check,  |
| Check Number:   | 34341560,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY,<br>Phone:(816) 282-5000 |

**Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300142755                       | \$50.00     |
|                          |                                   |             |