



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2019046871
Receipt Date:	12/02/2019
Date Paid:	12/02/2019
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNESS LLC/INDIGO STILLNESS, LLS, Address:29809 E 235TH ST., Phone:(614) 354-8385

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1100190781	\$50.00