

## **RECEIPT OF PAYMENT**

| Receipt Number: | 2019046995   |  |
|-----------------|--|--|
| Receipt Date:   | 12/10/2019   |  |
| Date Paid:      | 12/10/2019   |  |
| Payment Method: | Credit Card,   |  |
| Check Number:   | ,  |  |
| Full Amount:    | \$50.00  |  |
| Amount Tendered | \$50.00  |  |
| Paid By:        | INNOVO COUNSELING LLC, Address:2005 GLENDA DR,<br>Phone:(816) 866-0412 |  |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800180065                       | \$50.00     |
|                          |                                   |             |