

RECEIPT OF PAYMENT

Receipt Number:	2019047126	
Receipt Date:	12/23/2019	
Date Paid:	12/23/2019	
Payment Method:	Check,	
Check Number:	18930,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	RESEARCH NEUROSCIENCE INSTITUTE , Address:2000 SE BLUE PKWY, Unit 270, Phone:(816) 363-2500	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160138	\$50.00