



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2019047127
Receipt Date:	12/23/2019
Date Paid:	12/23/2019
Payment Method:	Check,
Check Number:	4285,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURAGEOUS HOME CARE LLC, Address:1308 NE WINDSOR DR, Phone:(816) 699-2352

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180103	\$50.00