

RECEIPT OF PAYMENT

| Receipt Number: | 2020047425 |
|-----------------|--|
| Receipt Date: | 01/16/2020 |
| Date Paid: | 01/16/2020 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | DR SAMMY SOMERHALDER LLC, Address:664 SE BAYBERRY LN, Unit 102, Phone:(620) 203-1716 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300200038 | \$50.00 |
| | | |