



RECEIPT OF PAYMENT

Receipt Number:	2020047445
Receipt Date:	01/21/2020
Date Paid:	01/21/2020
Payment Method:	Check,
Check Number:	35655039,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FAMILY HEALTH SPECIALISTS OF LEE'S SUMMIT LLC, Address:2000 SE BLUE PKWY, Unit 270B, Phone:(816) 524-8488

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160137	\$50.00