

RECEIPT OF PAYMENT

Receipt Number:	2020047508
Receipt Date:	01/27/2020
Date Paid:	01/27/2020
Payment Method:	Check,
Check Number:	1122,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	REJUVENATE MEDICAL LLC, Address:400 SW LONGVIEW BLVD, Unit 160, Phone:(816) 761-3944

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180121	\$50.00