



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020047625
Receipt Date:	01/31/2020
Date Paid:	01/31/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOTZ THERAPY, Address:529 SE 2ND ST, Unit D, Phone:(816) 612-8147

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800180077	\$50.00