

RECEIPT OF PAYMENT

| Receipt Number: | 2020047659 |
|-----------------|---|
| Receipt Date: | 02/04/2020 |
| Date Paid: | 02/04/2020 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | ROYAL NUTRITION, Address:857 SW LEMANS LN, Phone:(816) 537-3044 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC900200076 | \$50.00 |
| | | |