



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020048167
Receipt Date:	03/03/2020
Date Paid:	03/03/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BRAIN BALANCE LEE'S SUMMIT, Address:413 NW MURRAY RD, Phone:(816) 393-0233

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170210	\$50.00