

RECEIPT OF PAYMENT

Receipt Number:	2020048392	
Receipt Date:	03/16/2020	
Date Paid:	03/16/2020	
Payment Method:	Check,	
Check Number:	5053,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	PINK MEDSPA LLC, Address:3680 NE AKIN DR, Unit 114, Phone:(816) 974-6576	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300200186	\$50.00