



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020048442
Receipt Date:	03/19/2020
Date Paid:	03/19/2020
Payment Method:	Check,
Check Number:	1051,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300190326	\$50.00