



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020049823
Receipt Date:	06/03/2020
Date Paid:	06/03/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE / JIM HALLAM, Address:1225 NE DOUGLAS ST, Phone:(816) 554-2100

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800144208	\$50.00