



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050015
Receipt Date:	06/09/2020
Date Paid:	06/09/2020
Payment Method:	Check,
Check Number:	11012,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIDWEST NEUROLOGY & CHIROPRACTIC CENTER PC, Address:1324 NE WINDSOR DR, Phone:(816) 525-8118

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141341	\$50.00