LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050252
Receipt Date:	06/11/2020
Date Paid:	06/11/2020
Payment Method:	Check,
Check Number:	1104,
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	DIABETES TELEHEALTH, Address:4551 PENNSYLVANIA AVE UNIT 1301, Phone:(816) 251-4507

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300200380	$50.00