



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050418
Receipt Date:	06/18/2020
Date Paid:	06/18/2020
Payment Method:	Check,
Check Number:	1368,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE/BRUCE HOLIMAN, Address:319 SE DOUGLAS ST, Unit 317, Phone:(816) 524-5150

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800143810	\$50.00