



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050478
Receipt Date:	06/18/2020
Date Paid:	06/18/2020
Payment Method:	Check,
Check Number:	4724,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KATHI MATTHES DDS PC, Address:517 SW 3RD ST, Phone:(816) 524-3734

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142853	\$50.00