



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050482
Receipt Date:	06/18/2020
Date Paid:	06/18/2020
Payment Method:	Check,
Check Number:	2012,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B, Phone:(816) 525-7155

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300142126	\$50.00