



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050609
Receipt Date:	06/22/2020
Date Paid:	06/22/2020
Payment Method:	Check,
Check Number:	3784,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE / ROD RICHEY, Address:613 SW 3RD ST, Unit A, Phone:(816) 525-2227

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800144215	\$50.00