



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020050666
Receipt Date:	06/22/2020
Date Paid:	06/22/2020
Payment Method:	Check,
Check Number:	50348650,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143621	\$50.00