



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051097
Receipt Date:	06/30/2020
Date Paid:	06/30/2020
Payment Method:	Check,
Check Number:	1464768,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL ORTHOPAEDICS SPECIALISTS INC, Address:120 NE SAINT LUKES BLVD, Unit 200, Phone:(816) 246-4302

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143546	\$50.00