



### RECEIPT OF PAYMENT

Receipt Number:	2020051100
Receipt Date:	06/30/2020
Date Paid:	06/30/2020
Payment Method:	Check,
Check Number:	1469,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED NUTRITION, Address:3360 SW FASCINATION DR , Phone:(816) 966-0400

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300140685	\$50.00