



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2020051121 |
| Receipt Date: | 06/30/2020 |
| Date Paid: | 06/30/2020 |
| Payment Method: | Check, |
| Check Number: | 13973, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | COMMERCIAL INSURANCE ASSOCIATES, Address:410D SE 3RD ST, Unit 104, Phone:(816) 524-2331 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC800141363 | \$50.00 |
| | | |