



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051201
Receipt Date:	07/02/2020
Date Paid:	07/02/2020
Payment Method:	Check,
Check Number:	4648,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL WOMEN'S CARE INC, Address:20 NE SAINT LUKES BLVD, Unit 310, Phone:(816) 282-7809

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143547	\$50.00