



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051522
Receipt Date:	07/10/2020
Date Paid:	07/10/2020
Payment Method:	Check,
Check Number:	530615,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CUSTARD INSURANCE ADJUSTERS INC, Address:4875 AVALON RIDGE PARKWAY, Phone:(816) 943-1779 Ext:PHYSICAL

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141599	\$50.00