



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020051781
Receipt Date:	07/20/2020
Date Paid:	07/20/2020
Payment Method:	Check,
Check Number:	21193,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JAMES D SCHUETTE DDS PC, Address:220 NW MCNARY CT, Phone:(816) 554-7656

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300143652	\$50.00