



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052254
Receipt Date:	08/07/2020
Date Paid:	08/07/2020
Payment Method:	Check,
Check Number:	5391,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMERICAN FAMILY INSURANCE/TERRI DIEHL, Address:500 SW MARKET ST STE B, Phone:(816) 524-2627

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800141267	\$50.00