



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052269
Receipt Date:	08/07/2020
Date Paid:	08/07/2020
Payment Method:	Check,
Check Number:	25172,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FENDER FAMILY DENTISTRY, Address:519 SW 3RD ST, Unit G, Phone:(816) 524-3434

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300141705	\$50.00