



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2020052325 |
| Receipt Date: | 08/11/2020 |
| Date Paid: | 08/11/2020 |
| Payment Method: | Check, |
| Check Number: | 63320, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | PREMIER DENTAL ANESHESIOLOGY - PDA, Address:339 CONSORT DR, Phone:(636) 386-9224 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC800190365 | \$50.00 |
| | | |