

RECEIPT OF PAYMENT

Receipt Number:	2020052389
Receipt Date:	08/13/2020
Date Paid:	08/13/2020
Payment Method:	Check,
Check Number:	5331,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SPLIT ENDS SALON, Address:656 SE BAYBERRY LN, Unit 103C, Phone:(816) 807-5187

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800170521	\$50.00