



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052431
Receipt Date:	08/13/2020
Date Paid:	08/13/2020
Payment Method:	Check,
Check Number:	391380,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COSMOPROF #6671, Address:PO BOX 90220, Phone:(940) 297-3428

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC700141489	\$50.00