



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020052966
Receipt Date:	08/27/2020
Date Paid:	08/27/2020
Payment Method:	Check,
Check Number:	36905048,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLORECTAL SURGICAL ASSOCIATES, Address:4370 W 109TH ST, Phone:(816) 941-0800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180606	\$50.00