



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053516
Receipt Date:	09/17/2020
Date Paid:	09/17/2020
Payment Method:	Check,
Check Number:	348,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNESS LLC FACILITY, Address:609 SW MERRITT ST, Phone:(816) 246-5300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC1200180420	\$50.00