



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2020053546 |
| Receipt Date: | 09/17/2020 |
| Date Paid: | 09/17/2020 |
| Payment Method: | Check, |
| Check Number: | 37094460, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | COLLEGE PARK FAMILY CARE CENTER PHYSICIANS GROUP, Address:11755 W 112TH , Phone:(913) 469-6447 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300200665 | \$50.00 |
| | | |