



RECEIPT OF PAYMENT

Receipt Number:	2020053709
Receipt Date:	09/25/2020
Date Paid:	09/25/2020
Payment Method:	Check,
Check Number:	1757,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	GENESIS HEALTH CLUBS OF KC, Address:6100 E CENTRAL AVE #3, Phone:(816) 272-5204

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160640	\$50.00