



RECEIPT OF PAYMENT

Receipt Number:	2020053944
Receipt Date:	10/05/2020
Date Paid:	10/05/2020
Payment Method:	Check,
Check Number:	9438,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1621 NW BLUE PKWY, Phone:(816) 246-2111

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800151093	\$50.00