



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020054641
Receipt Date:	11/05/2020
Date Paid:	11/05/2020
Payment Method:	Check,
Check Number:	2661,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KIDZ FIRST THERAPY, Address:2412 SW RIVER TRAIL RD, Phone:(816) 446-9018

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180036	\$50.00