



### RECEIPT OF PAYMENT

Receipt Number:	2020055460
Receipt Date:	12/28/2020
Date Paid:	12/28/2020
Payment Method:	Check,
Check Number:	4427,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURAGEOUS HOME CARE LLC, Address:1255 NE RICE RD, Unit C, Phone:(816) 699-2352

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180103	\$50.00