



RECEIPT OF PAYMENT

Receipt Number:	2021055609
Receipt Date:	01/07/2021
Date Paid:	01/07/2021
Payment Method:	Check,
Check Number:	629,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY THERAPY, LLC, Address:684 SE BAYBERRY LN, Unit 103, Phone:(816) 599-3918

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC800160197	\$50.00