



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                 |  |
|-----------------|--|
| Receipt Number: | 2021055869   |
| Receipt Date:   | 01/21/2021   |
| Date Paid:      | 01/21/2021   |
| Payment Method: | Check,   |
| Check Number:   | 17351,   |
| Full Amount:    | \$50.00  |
| Amount Tendered | \$50.00  |
| Paid By:        | MIDWEST AUTO CLINIC, Address:190 NW OLDHAM PKWY,<br>Phone:(816) 524-1969 |

**Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC700180183                       | \$50.00     |
|                          |                                   |             |