



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021056136
Receipt Date:	02/08/2021
Date Paid:	02/08/2021
Payment Method:	Check,
Check Number:	38059281,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY PULMONOLOGY PRACTICE, Address:2330 E MEYER #303, Phone:(816) 333-1919

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300180608	\$50.00