

RECEIPT OF PAYMENT

| Receipt Number: | 2021056332 |
|-----------------|--|
| Receipt Date: | 02/22/2021 |
| Date Paid: | 02/22/2021 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | EMPOWER YOUR PELVIS, Address:1805 SW BLACKSTONE PL, Phone:(816) 607-1406 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC300170069 | \$50.00 |
| | | |