



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021057497
Receipt Date:	04/14/2021
Date Paid:	04/14/2021
Payment Method:	Check,
Check Number:	1913,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	EXOS Physical Therapy and Sports Medicine, Address:2861 NE INDEPENDENCE AVE SUITE 104, Phone:(816) 272-8538

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200178	\$50.00