



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021057542
Receipt Date:	04/15/2021
Date Paid:	04/15/2021
Payment Method:	Check,
Check Number:	65163,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	PREMIER DENTAL ANESHESIOLOGY - PDA, Address:339 CONSORT DR, Phone:(636) 386-9224

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC48190365	\$50.00