



RECEIPT OF PAYMENT

Receipt Number:	2021057783
Receipt Date:	04/27/2021
Date Paid:	04/27/2021
Payment Method:	Check,
Check Number:	005595,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ARC PHYSICAL THERAPY PLUS LIMITED PARTNERSHIP, Address:1300 W SAM HOUSTON PKWY S, SUITE 300, Phone:(816) 875-3884

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62150580	\$50.00