



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2021058326  |
| Receipt Date:   | 05/10/2021  |
| Date Paid:      | 05/10/2021  |
| Payment Method: | Check,  |
| Check Number:   | 1958,   |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | STATE FARM INSURANCE / JIM HALLAM, Address:1225 NE DOUGLAS ST, Phone:(816) 554-2100 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC52144208                     | \$50.00     |
|                          |                                |             |