

RECEIPT OF PAYMENT

| Receipt Number: | 2021058704 | |
|-----------------|---|--|
| Receipt Date: | 05/19/2021 | |
| Date Paid: | 05/19/2021 | |
| Payment Method: | Check, | |
| Check Number: | 1231, | |
| Full Amount: | \$50.00 | |
| Amount Tendered | \$50.00 | |
| Paid By: | ELITE PERSONAL TRAINING, Address:225 SE CHELSEA DR, Phone:(816) 716-1713 | |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81160373 | \$50.00 |
| | | |