

RECEIPT OF PAYMENT

| Receipt Number: | 2021058874 | |
|-----------------|--|--|
| Receipt Date: | 05/21/2021 | |
| Date Paid: | 05/21/2021 | |
| Payment Method: | Credit Card, | |
| Check Number: | , | |
| Full Amount: | \$50.00 | |
| Amount Tendered | \$50.00 | |
| Paid By: | ZEN MASSAGE/SAMANTHA SMITH, Address:4116 NE 83RD ST, Phone:(816) 600-5304 | |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62210372 | \$50.00 |
| | | |