



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021059048
Receipt Date:	05/26/2021
Date Paid:	05/26/2021
Payment Method:	Check,
Check Number:	3878,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE / ROD RICHEY, Address:613 SW 3RD ST, Unit A, Phone:(816) 525-2227

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52144215	\$50.00