



RECEIPT OF PAYMENT

Receipt Number:	2021059091
Receipt Date:	05/26/2021
Date Paid:	05/26/2021
Payment Method:	Check,
Check Number:	2615,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY DENTISTRY, Address:511 SW JEFFERSON ST, Phone:(816) 554-7720

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142719	\$50.00