



RECEIPT OF PAYMENT

Receipt Number:	2021059294
Receipt Date:	06/02/2021
Date Paid:	06/02/2021
Payment Method:	Check,
Check Number:	152356,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ENCOMPASS MEDICAL GROUP, Address:615 SW 3RD ST, Phone:(816) 524-3799

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141662	\$50.00