



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                 |                                                                  |
|-----------------|------------------------------------------------------------------|
| Receipt Number: | 2021059439                                                       |
| Receipt Date:   | 06/04/2021                                                       |
| Date Paid:      | 06/04/2021                                                       |
| Payment Method: | Check,                                                           |
| Check Number:   | 6482,                                                            |
| Full Amount:    | \$50.00                                                          |
| Amount Tendered | \$50.00                                                          |
| Paid By:        | GRIDER ORTHODONTICS, Address:101 SW 3RD ST, Phone:(816) 246-9995 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62142165                     | \$50.00     |
|                          |                                |             |