



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2021059507 |
| Receipt Date: | 06/04/2021 |
| Date Paid: | 06/04/2021 |
| Payment Method: | Check, |
| Check Number: | 50611118, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62143621 | \$50.00 |
| | | |