



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|-----------------|--|
| Receipt Number: | 2021059522 |
| Receipt Date: | 06/04/2021 |
| Date Paid: | 06/04/2021 |
| Payment Method: | Check, |
| Check Number: | 17314, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | MADHUKAR CHHATRE MD PC, Address:3151 NE CARNEGIE DR, Phone:(816) 347-0026 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62141274 | \$50.00 |
| | | |