



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021059566
Receipt Date:	06/07/2021
Date Paid:	06/07/2021
Payment Method:	Check,
Check Number:	1495469,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL ORTHOPAEDICS SPECIALISTS INC, Address:120 NE SAINT LUKES BLVD, Unit 200, Phone:(816) 246-4302

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143546	\$50.00