



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021059791
Receipt Date:	06/10/2021
Date Paid:	06/10/2021
Payment Method:	Check,
Check Number:	1018,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BLUEBIRD WELLNESS CENTER, Address:656 SE BAYBERRY LN, UNIT 102, Phone:(816) 944-3654

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190289	\$50.00