



RECEIPT OF PAYMENT

Receipt Number:	2021060531
Receipt Date:	06/25/2021
Date Paid:	06/25/2021
Payment Method:	Check,
Check Number:	5946,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142724	\$50.00