



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021061238
Receipt Date:	07/16/2021
Date Paid:	07/16/2021
Payment Method:	Check,
Check Number:	5414,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AMERICAN FAMILY INSURANCE/TERRI DIEHL, Address:500 SW MARKET ST STE B, Phone:(816) 524-2627

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52141267	\$50.00