



RECEIPT OF PAYMENT

Receipt Number:	2021061494
Receipt Date:	07/27/2021
Date Paid:	07/27/2021
Payment Method:	Check,
Check Number:	1007,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AXIS CHIROPRACTIC AND WELLNESS LLC, Address:664 SE BAYBERRY LN STE 102, Phone:(816) 246-5300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180420	\$50.00