



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021061724
Receipt Date:	08/03/2021
Date Paid:	08/03/2021
Payment Method:	Check,
Check Number:	39256181,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY, Phone:(816) 282-5000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142755	\$50.00