

RECEIPT OF PAYMENT

| Receipt Number: | 2021061892 |
|-----------------|---|
| Receipt Date: | 08/10/2021 |
| Date Paid: | 08/10/2021 |
| Payment Method: | Check, |
| Check Number: | 39271531, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | BARIATRIC & METABOLIC SPECIALISTS, Address:5100 W 110TH ST STE 110, Phone:(913) 345-6960 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62180607 | \$50.00 |
| | | |