



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021062136
Receipt Date:	08/18/2021
Date Paid:	08/18/2021
Payment Method:	Check,
Check Number:	50295,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BEACON SURGERY CENTER, Address:510 BERING DR STE 650, Phone:(816) 579-1500

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190660	\$50.00