

RECEIPT OF PAYMENT

| Receipt Number: | 2021062906 |
|-----------------|---|
| Receipt Date: | 09/16/2021 |
| Date Paid: | 09/16/2021 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | BLEU CRYOTHERAPY & WELLNESS, Address:196 NW OLDHAM PKWY, Unit A, Phone:(816) 600-5338 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81210669 | \$50.00 |
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