



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2021063408
Receipt Date:	10/11/2021
Date Paid:	10/11/2021
Payment Method:	Check,
Check Number:	39744027,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COLORECTAL SURGICAL ASSOCIATES, Address:4370 W 109TH ST, Phone:(816) 941-0800

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180606	\$50.00