



RECEIPT OF PAYMENT

Receipt Number:	2021063575
Receipt Date:	10/18/2021
Date Paid:	10/18/2021
Payment Method:	Check,
Check Number:	10899,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1621 NW BLUE PKWY, Phone:(816) 246-2111

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62151093	\$50.00