



RECEIPT OF PAYMENT

Receipt Number:	2021063918
Receipt Date:	11/01/2021
Date Paid:	11/01/2021
Payment Method:	Check,
Check Number:	1815,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	GENESIS HEALTH CLUBS, Address:6100 E CENTRAL AVE #3, Phone:(816) 600-3213

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC71160641	\$50.00