



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022065710
Receipt Date:	02/03/2022
Date Paid:	02/03/2022
Payment Method:	Check,
Check Number:	4744,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURAGEOUS HOME CARE LLC, Address:1255 NE RICE RD, Unit C, Phone:(816) 699-2352

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180103	\$50.00