



RECEIPT OF PAYMENT

Receipt Number:	2022065981
Receipt Date:	02/17/2022
Date Paid:	02/17/2022
Payment Method:	Check,
Check Number:	4343457,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DIALYSIS CLINIC INC - Lee's Summit, Address:6530 TROOST AVE

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62210123	\$50.00