



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022066481
Receipt Date:	03/14/2022
Date Paid:	03/14/2022
Payment Method:	Check,
Check Number:	1155,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190326	\$50.00