



RECEIPT OF PAYMENT

Receipt Number:	2022066668
Receipt Date:	03/22/2022
Date Paid:	03/22/2022
Payment Method:	Check,
Check Number:	0100033646,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ARC PHYSICAL THERAPY PLUS LIMITED PARTNERSHIP, Address:1300 W SAM HOUSTON PKWY S, SUITE 300, Phone:(816) 875-3884

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62150580	\$50.00