



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022066946
Receipt Date:	04/01/2022
Date Paid:	04/01/2022
Payment Method:	Check,
Check Number:	0100034770,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT FAIR DENTAL CARE, Address:6640 INTECH BLVD STE 270, Phone:(317) 960-4060

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143961	\$50.00