



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022066947
Receipt Date:	04/01/2022
Date Paid:	04/01/2022
Payment Method:	Check,
Check Number:	0100034772,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE FAMILY DENTAL CARE, Address:1200 NETWORK CENTRE DR, Phone:(816) 623-3563

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143541	\$50.00