



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                 |   |
|-----------------|---|
| Receipt Number: | 2022067938  |
| Receipt Date:   | 05/03/2022  |
| Date Paid:      | 05/03/2022  |
| Payment Method: | Check,  |
| Check Number:   | 11339,  |
| Full Amount:    | \$50.00   |
| Amount Tendered | \$50.00   |
| Paid By:        | MIDWEST NEUROLOGY & CHIROPRACTIC CENTER PC,<br>Address:1324 NE WINDSOR DR, Phone:(816) 525-8118 |

**Fees:**

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC62141341                        | \$50.00     |
|                          |                                   |             |