



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022069317
Receipt Date:	06/02/2022
Date Paid:	06/02/2022
Payment Method:	Check,
Check Number:	1783,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	HEALTHCARE EXCLUSIVELY FOR WOMEN PA, Address:1000 SW BLUE PKWY, Phone:(816) 525-0061

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142223	\$50.00