



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022069804
Receipt Date:	06/14/2022
Date Paid:	06/14/2022
Payment Method:	Check,
Check Number:	6434,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL WOMEN'S CARE INC, Address:20 NE SAINT LUKES BLVD, Unit 310, Phone:(816) 282-7809

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143547	\$50.00