



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2022070488
Receipt Date:	06/30/2022
Date Paid:	06/30/2022
Payment Method:	Cash,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OUR FAMILY CHIROPRACTIC / KRYSTLE SHARP, Address:1332 NE WINDSOR DR, Phone:(816) 272-3559

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200480	\$50.00