

RECEIPT OF PAYMENT

Receipt Number:	2022070794	
Receipt Date:	07/12/2022	
Date Paid:	07/12/2022	
Payment Method:	Check,	
Check Number:	103,	
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	RESTORATIVE HEALING MASSAGE THERAPY LLC, Address:3350 NE RALPH POWELL RD STE 107, Phone:(816) 334-7472	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62220482	\$50.00