

RECEIPT OF PAYMENT

| Receipt Number: | 2022071244 |
|-----------------|--|
| Receipt Date: | 07/26/2022 |
| Date Paid: | 07/26/2022 |
| Payment Method: | Check, |
| Check Number: | 3620, |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SALON METRIC, Address:28 SE 3RD ST, Phone:(816) 554-4545 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81150727 | \$50.00 |
| | | |