



### RECEIPT OF PAYMENT

Receipt Number:	2022071526
Receipt Date:	08/04/2022
Date Paid:	08/04/2022
Payment Method:	Check,
Check Number:	0525,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Virtue Medical LLC, Address:612 SW 3RD ST, SUITE D, Phone:(816) 200-1533

### **Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200450	\$50.00