



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                 |  |
|-----------------|--|
| Receipt Number: | 2022073025   |
| Receipt Date:   | 09/29/2022   |
| Date Paid:      | 09/29/2022   |
| Payment Method: | Credit Card,   |
| Check Number:   | ,  |
| Full Amount:    | \$50.00  |
| Amount Tendered | \$50.00  |
| Paid By:        | SYNERGY HOME CARE, Address:200 NE MISSOURI RD,<br>Phone:(816) 310-1503 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62220672                     | \$50.00     |
|                          |                                |             |