



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|--------------------------|--|
| Receipt Number: | 2022074665 |
| Receipt Date: | 12/16/2022 |
| Date Paid: | 12/16/2022 |
| Payment Method: | Check, |
| Check Number: | 056942, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | KANSAS CITY BONE & JOINT CLINIC, Address:10701 NALL AVE STE 200, Phone:(913) 381-5225 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62150193 | \$50.00 |
| | | |