



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023076606
Receipt Date:	03/28/2023
Date Paid:	03/28/2023
Payment Method:	Check,
Check Number:	01000069883,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SUMMIT FAIR DENTAL CARE, Address:251 LITTLE FALLS DR, Phone:(317) 960-4060

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143961	\$50.00