



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|--------------------------|---|
| Receipt Number: | 2023076607 |
| Receipt Date: | 03/28/2023 |
| Date Paid: | 03/28/2023 |
| Payment Method: | Check, |
| Check Number: | 0100069885, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | RAINTREE FAMILY DENTAL CARE, Address:251 LITTLE FALLS DR, Phone:(816) 623-3563 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62143541 | \$50.00 |
| | | |