

RECEIPT OF PAYMENT

Receipt Number:	2023076662
Receipt Date:	03/30/2023
Date Paid:	03/30/2023
Payment Method:	Check,
Check Number:	2660,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BRAIN BALANCE LEE'S SUMMIT, Address:413 NW MURRAY RD, Phone:(816) 393-0233

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC61170210	\$50.00