



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023077096
Receipt Date:	04/19/2023
Date Paid:	04/19/2023
Payment Method:	Check,
Check Number:	1724,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190326	\$50.00