

RECEIPT OF PAYMENT

Receipt Number:	2023077668
Receipt Date:	05/04/2023
Date Paid:	05/04/2023
Payment Method:	Check,
Check Number:	000000177,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JOANNA HURD DDS PC, Address:410D SE 3RD ST, Unit 102A, Phone:(816) 524-4509

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142667	\$50.00