



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023077952
Receipt Date:	05/10/2023
Date Paid:	05/10/2023
Payment Method:	Check,
Check Number:	1096,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE/BRUCE HOLIMAN, Address:319 SE DOUGLAS ST, Unit 317, Phone:(816) 524-5150

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52143810	\$50.00