



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023078295
Receipt Date:	05/18/2023
Date Paid:	05/18/2023
Payment Method:	Check,
Check Number:	581126731,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143622	\$50.00