

RECEIPT OF PAYMENT

Receipt Number:	2023078510
Receipt Date:	05/24/2023
Date Paid:	05/24/2023
Payment Method:	Check,
Check Number:	14309,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COMMERCIAL INSURANCE ASSOCIATES, Address:410D SE 3RD ST, Unit 104, Phone:(816) 524-2331

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC52141363	\$50.00