



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023078760
Receipt Date:	06/01/2023
Date Paid:	06/01/2023
Payment Method:	Check,
Check Number:	1390,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD ORTHODONTICS, Address:1399 NE DOUGLAS ST, Phone:(816) 373-0300

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140391	\$50.00