



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                          |   |
|--------------------------|---|
| Receipt Number:          | 2023078937  |
| Receipt Date:            | 06/08/2023  |
| Date Paid:               | 06/08/2023  |
| Payment Method:          | Check,  |
| Check Number:            | 6870,   |
| Transaction Information: |   |
| Full Amount:             | \$50.00   |
| Amount Tendered          | \$50.00   |
| Paid By:                 | ROCKHILL WOMEN'S CARE INC, Address:20 NE SAINT LUKES BLVD, Unit 310, Phone:(816) 282-7809 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62143547                     | \$50.00     |
|                          |                                |             |