



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023079507
Receipt Date:	06/20/2023
Date Paid:	06/20/2023
Payment Method:	Check,
Check Number:	6731,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY EYECARE, Address:519 SW 3RD ST, Unit A, Phone:(816) 554-7747

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142724	\$50.00