



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023080529
Receipt Date:	07/21/2023
Date Paid:	07/21/2023
Payment Method:	Check,
Check Number:	43839494,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY, Phone:(816) 282-5000

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142755	\$50.00