



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023080616
Receipt Date:	07/25/2023
Date Paid:	07/25/2023
Payment Method:	Check,
Check Number:	0100080187,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ARC PHYSICAL THERAPY PLUS LIMITED PARTNERSHIP, Address:1300 W SAM HOUSTON PKWY S, SUITE 300, Phone:(816) 875-3884

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62150580	\$50.00