

## **RECEIPT OF PAYMENT**

Receipt Number:	2023080772
Receipt Date:	07/31/2023
Date Paid:	07/31/2023
Payment Method:	Check,
Check Number:	181117,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MADHUKAR CHHATRE MD PC, Address:3151 NE CARNEGIE DR, Phone:(816) 347-0026

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141274	\$50.00