



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023080897
Receipt Date:	08/03/2023
Date Paid:	08/03/2023
Payment Method:	Check,
Check Number:	6864,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	NEW LIFE CHIROPRACTIC , Address:1008 SW BLUE PKWY, Phone:(816) 347-1515

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143252	\$50.00