

RECEIPT OF PAYMENT

| Receipt Number: | 2023081399 |
|--------------------------|---|
| Receipt Date: | 08/23/2023 |
| Date Paid: | 08/23/2023 |
| Payment Method: | Check, |
| Check Number: | 1387, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | CARRIE TAYLOR, Address:1144 SW SUMMIT HILL DR |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81143885 | \$50.00 |
| | | |