



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2023083855
Receipt Date:	12/08/2023
Date Paid:	12/08/2023
Payment Method:	Check,
Check Number:	0,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COURAGEOUS HOME CARE LLC, Address:300 SW NOEL ST, Phone:(816) 699-2352

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180103	\$50.00