

RECEIPT OF PAYMENT

Receipt Number:	2023084085
Receipt Date:	12/20/2023
Date Paid:	12/20/2023
Payment Method:	Check,
Check Number:	2313,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOVELL INSURANCE GROUP, Address:340 SW LONGVIEW BLVD, Phone:(913) 498-9090

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC52170768	\$50.00