



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|--------------------------|---|
| Receipt Number: | 2024084695 |
| Receipt Date: | 01/30/2024 |
| Date Paid: | 01/30/2024 |
| Payment Method: | Check, |
| Check Number: | 13452, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SUMMIT EYE CENTER LLC, Address:1621 NW BLUE PKWY, Phone:(816) 246-2111 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62151093 | \$50.00 |
| | | |