



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