



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024085480
Receipt Date:	02/29/2024
Date Paid:	02/29/2024
Payment Method:	Check,
Check Number:	1841,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ESSENTIAL CHIROPRACTIC LLC, Address:419 SW WARD RD, Unit A, Phone:(816) 895-1800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190273	\$50.00