

## **RECEIPT OF PAYMENT**

Receipt Number:	2024085817
Receipt Date:	03/13/2024
Date Paid:	03/13/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	BRAIN BALANCE LEE'S SUMMIT, Address:413 NW MURRAY RD, Phone:(816) 393-0233

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC61170210	\$50.00