

RECEIPT OF PAYMENT

Receipt Number:	2024085913	
Receipt Date:	03/18/2024	
Date Paid:	03/18/2024	
Payment Method:	Check,	
Check Number:	181,	
Transaction Information:		
Full Amount:	\$50.00	
Amount Tendered	\$50.00	
Paid By:	Issac Smith American Family Insurance Agent, Address:500 SW MARKET ST UNIT B, Phone:(816) 524-2627	

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52220408	\$50.00