

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 |
| | | |