



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|--------------------------|---|
| Receipt Number: | 2024086155 |
| Receipt Date: | 03/26/2024 |
| Date Paid: | 03/26/2024 |
| Payment Method: | Cash, |
| Check Number: | LO, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LOTZ THERAPY, Address:410B SE 3RD ST SUITE 101, Phone:(816) 612-8147 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62180077 | \$50.00 |
| | | |