



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024086416
Receipt Date:	04/04/2024
Date Paid:	04/04/2024
Payment Method:	Check,
Check Number:	1806,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190326	\$50.00