



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024087448
Receipt Date:	05/09/2024
Date Paid:	05/09/2024
Payment Method:	Check,
Check Number:	5924,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT FAMILY DENTISTRY, Address:511 SW JEFFERSON ST, Phone:(816) 554-7720

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142719	\$50.00