

RECEIPT OF PAYMENT

| Receipt Number: | 2024087566 |
|--------------------------|--|
| Receipt Date: | 05/14/2024 |
| Date Paid: | 05/14/2024 |
| Payment Method: | Check, |
| Check Number: | 4067, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | LANGSFORD FUNERAL HOME INC, Address:115 SW 3RD ST, Phone:(816) 524-3700 |

Fees:

| Fee Description | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
| | Number | |
| 9110058-Business License | LC81142686 | \$50.00 |
| | | |