



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024087787
Receipt Date:	05/16/2024
Date Paid:	05/16/2024
Payment Method:	Check,
Check Number:	11626,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIDWEST NEUROLOGY & CHIROPRACTIC CENTER PC, Address:1324 NE WINDSOR DR, Phone:(816) 525-8118

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141341	\$50.00