



RECEIPT OF PAYMENT

Receipt Number:	2024088023
Receipt Date:	05/21/2024
Date Paid:	05/21/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Rachel N.Crawford, Address:618 SW 3rd Street, Phone:(417) 224-2099

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44180418	\$50.00