



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024088145
Receipt Date:	05/23/2024
Date Paid:	05/23/2024
Payment Method:	Check,
Check Number:	51333105,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MINUTE CLINIC DIAGNOSTIC OF KS P.A., Address:1 CVS DR MC1160, Phone:(866) 389-2727

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143622	\$50.00