



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|--------------------------|--|
| Receipt Number: | 2024088149 |
| Receipt Date: | 05/23/2024 |
| Date Paid: | 05/23/2024 |
| Payment Method: | Check, |
| Check Number: | 51333100, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | CVS PHARMACY #5719, Address:1 CVS DR MC1160, Phone:(816) 524-5084 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC44141787 | \$50.00 |
| | | |