

RECEIPT OF PAYMENT

Receipt Number:	2024088203
Receipt Date:	05/24/2024
Date Paid:	05/24/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	FVT WARRIOR WELLNESS, Address:208 SE 2ND ST, Phone:(913) 535-8335

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62240329	\$50.00