



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024088280
Receipt Date:	05/28/2024
Date Paid:	05/28/2024
Payment Method:	Check,
Check Number:	169723,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ENCOMPASS MEDICAL GROUP, Address:1741 NE DOUGLAS ST STE 200, Phone:(816) 246-0200

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141662	\$50.00