



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024088301
Receipt Date:	05/29/2024
Date Paid:	05/29/2024
Payment Method:	Check,
Check Number:	1579154,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL ORTHOPAEDICS SPECIALISTS INC, Address:120 NE SAINT LUKES BLVD, Unit 200, Phone:(816) 246-4302

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143546	\$50.00