



RECEIPT OF PAYMENT

Receipt Number:	2024088578
Receipt Date:	06/04/2024
Date Paid:	06/04/2024
Payment Method:	Check,
Check Number:	2818,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Kansas City Facial & Oral Surgery, Address:2931 INDEPENDENCE AVE NE, Phone:(816) 272-0327

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62200570	\$50.00