



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024088804
Receipt Date:	06/10/2024
Date Paid:	06/10/2024
Payment Method:	Check,
Check Number:	3090,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE / JIM HALLAM, Address:1225 NE DOUGLAS ST, Phone:(816) 554-2100

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52144208	\$50.00