

RECEIPT OF PAYMENT

Receipt Number:	2024088953
Receipt Date:	06/13/2024
Date Paid:	06/13/2024
Payment Method:	Check,
Check Number:	283,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE BY DELANE/DELANE REED, Address:1175 NE RICE RD, Phone:(816) 524-8384

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140611	\$50.00