

RECEIPT OF PAYMENT

Receipt Number:	2024088961
Receipt Date:	06/13/2024
Date Paid:	06/13/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SMOKE TOKZ, Address:1129 NE RICE RD, Phone:(916) 230-7643

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC44200379	\$50.00