



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024089342
Receipt Date:	06/24/2024
Date Paid:	06/24/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Advanced Surgical Associates, Address:2861 INDEPENDENCE AVE NE, Phone:(816) 246-0800

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140945	\$50.00