



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

|                          |  |
|--------------------------|--|
| Receipt Number:          | 2024089534   |
| Receipt Date:            | 06/27/2024   |
| Date Paid:               | 06/27/2024   |
| Payment Method:          | Check,   |
| Check Number:            | 2244,  |
| Transaction Information: |  |
| Full Amount:             | \$50.00  |
| Amount Tendered          | \$50.00  |
| Paid By:                 | DENTAL EXPRESSIONS, Address:521 SE 2ND ST, Unit B,<br>Phone:(816) 525-7155 |

**Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62142126                     | \$50.00     |
|                          |                                |             |