



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024089645
Receipt Date:	07/02/2024
Date Paid:	07/02/2024
Payment Method:	Check,
Check Number:	76430,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DIGESTIVE HEALTH SPECIALISTS LLC, Address:110 NE SAINT LUKES BLVD, Unit 530, Phone:(816) 554-3838

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143964	\$50.00