

RECEIPT OF PAYMENT

Receipt Number:	2024089716
Receipt Date:	07/03/2024
Date Paid:	07/03/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Massage Heights/Elyse Maxwell, Address:6704 E 97th St, Phone:(816) 466-5352

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62230533	\$50.00