

RECEIPT OF PAYMENT

Receipt Number:	2024090054
Receipt Date:	07/15/2024
Date Paid:	07/15/2024
Payment Method:	Check,
Check Number:	18379,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MADHUKAR CHHATRE MD PC, Address:3151 NE CARNEGIE DR, Phone:(816) 347-0026

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141274	\$50.00