

RECEIPT OF PAYMENT

Receipt Number:	2024090549
Receipt Date:	07/29/2024
Date Paid:	07/29/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAVISH NAILS & LASHES LLC, Address:1155 NE RICE RD, Phone:(816) 824-7253

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81230649	\$50.00