



RECEIPT OF PAYMENT

Receipt Number:	2024090634
Receipt Date:	07/30/2024
Date Paid:	07/30/2024
Payment Method:	Check,
Check Number:	14452,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	COMMERCIAL INSURANCE ASSOCIATES INC, Address:410D SE 3RD ST

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52141363	\$50.00