

RECEIPT OF PAYMENT

| Receipt Number: | 2024090686 |
|--------------------------|--|
| Receipt Date: | 07/31/2024 |
| Date Paid: | 07/31/2024 |
| Payment Method: | Check, |
| Check Number: | 2801, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | SALON ALLURE / JENNIFER WILLIAMS, Address:217 SE MAIN ST, Phone:(816) 524-2902 |

Fees:

| Fee Description | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
| | Number | |
| 9110058-Business License | LC81230600 | \$50.00 |
| | | |