LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024090823
Receipt Date:	08/06/2024
Date Paid:	08/06/2024
Payment Method:	Check,
Check Number:	46259668,
Transaction Information:	
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	COLORECTAL SURGICAL ASSOCIATES, Address:4370 W 109TH ST, Phone:(816) 941-0800

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180606	$50.00