



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024091020
Receipt Date:	08/12/2024
Date Paid:	08/12/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	OUR FAMILY CHIROPRACTIC/MASSAGE FACILITY, Address:1332 NE WINDSOR DR, Phone:(816) 272-3559

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62190429	\$50.00