

RECEIPT OF PAYMENT

Receipt Number:	2024091608
Receipt Date:	08/30/2024
Date Paid:	08/30/2024
Payment Method:	Check,
Check Number:	600,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	IMAGE STUDIOS/HAIR BY HALEY, Address:709 SW CROSS CREEK DR, Phone:(816) 524-2902

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81160482	\$50.00