



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2024091824
Receipt Date:	09/10/2024
Date Paid:	09/10/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Lee's Summit Family Chiropractic, Address:828 BLUE PKWY SW, Phone:(816) 287-4044

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140403	\$50.00