

## **RECEIPT OF PAYMENT**

| Receipt Number:             | 2024092166  |
|-----------------------------|---|
| Receipt Date:               | 09/26/2024  |
| Date Paid:                  | 09/26/2024  |
| Payment Method:             | Check,  |
| Check Number:               | 141,  |
| Transaction<br>Information: |   |
| Full Amount:                | \$50.00   |
| Amount Tendered             | \$50.00   |
| Paid By:                    | STUDIO M3, Address:1534 SW ARBOR PARK DR, Phone:(816)<br>835-4765 |

## Fees:

| Fee Description          | Reference / Application<br>Number | Amount Paid |
|--------------------------|-----------------------------------|-------------|
| 9110058-Business License | LC81230723                        | \$50.00     |
|                          |                                   |             |