

RECEIPT OF PAYMENT

Receipt Number:	2024092323
Receipt Date:	10/03/2024
Date Paid:	10/03/2024
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZEN MASSAGE/JORDINE OKWARA, Address:15007 Grand Summit Blvd apt 201, Phone:(816) 209-4826

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62220750	\$50.00