

RECEIPT OF PAYMENT

Receipt Number:	2024092396
Receipt Date:	10/07/2024
Date Paid:	10/07/2024
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MIRROR IMAGES/CINDI CLIFFORD, Address:409 N LAKE, Phone:(816) 699-3666

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81150895	\$50.00