

## **RECEIPT OF PAYMENT**

Receipt Number:	2024093787
Receipt Date:	12/17/2024
Date Paid:	12/17/2024
Payment Method:	Check,
Check Number:	1045,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	RAINTREE MASSAGE, Address:891 SW LEMANS LN, Phone:(816) 885-1768

## Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62240024	\$50.00