



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|--------------------------|---|
| Receipt Number: | 2025094177 |
| Receipt Date: | 01/13/2025 |
| Date Paid: | 01/13/2025 |
| Payment Method: | Check, |
| Check Number: | 1504, |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | Creative Wellness Solutions LLC, Address:5911 NE SOUTHWOOD ST |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62230782 | \$50.00 |
| | | |