

RECEIPT OF PAYMENT

Receipt Number:	2025094198
Receipt Date:	01/14/2025
Date Paid:	01/14/2025
Payment Method:	Check,
Check Number:	1025,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Mommy and Me Chriopractic LLC, Address:811 NE Rice Road, Phone:(913) 787-6787

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62230827	\$50.00