



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025094281
Receipt Date:	01/17/2025
Date Paid:	01/17/2025
Payment Method:	Cash,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LOTZ THERAPY, Address:410B SE 3RD ST SUITE 101, Phone:(816) 525-5333

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180077	\$50.00