



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025094777
Receipt Date:	02/06/2025
Date Paid:	02/06/2025
Payment Method:	Check,
Check Number:	792,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KANSAS CITY THERAPY, LLC, Address:660 SE Bayberry Lane, Unit 105, Phone:(816) 599-3918

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62160197	\$50.00