LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025094781
Receipt Date:	02/06/2025
Date Paid:	02/06/2025
Payment Method:	Check,
Check Number:	47422609,
Transaction Information:	
Full Amount:	$50.00
Amount Tendered	$50.00
Paid By:	FAMILY HEALTH SPECIALISTS OF LEE'S SUMMIT LLC, Address:2000 SE BLUE PKWY, Unit 270B, Phone:(816) 524-8488

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC300160137	$50.00