

RECEIPT OF PAYMENT

Receipt Number:	2025095099
Receipt Date:	02/26/2025
Date Paid:	02/26/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	IMAGE STUDIOS /Your Stylist Bre, Address:4051 sw leeward dr, Phone:(816) 832-6236

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81220213	\$50.00