



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025095139
Receipt Date:	02/27/2025
Date Paid:	02/27/2025
Payment Method:	Check,
Check Number:	4210,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ZAK CHIROPRACTIC, Address:208 SE 3RD ST, Phone:(816) 525-9900

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62230012	\$50.00