



RECEIPT OF PAYMENT

Receipt Number:	2025095312
Receipt Date:	03/06/2025
Date Paid:	03/06/2025
Payment Method:	Check,
Check Number:	3013,
Transaction Information:	
Full Amount:	\$52.05
Amount Tendered	\$52.05
Paid By:	KIDZ FIRST THERAPY, Address:2412 SW RIVER TRAIL RD, Phone:(816) 446-9018

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62180036	\$50.00
9110052-Business License Penalty Fee	LC62180036	\$2.05