

RECEIPT OF PAYMENT

| Receipt Number: | 2025095977 |
|--------------------------|---|
| Receipt Date: | 04/03/2025 |
| Date Paid: | 04/03/2025 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | Image Studios/Tamara Saladino, Address:840 NW BLUE PKWY, Unit D, Phone:(816) 516-7510 |

Fees:

| Fee Description | Reference / Application | Amount Paid |
|--------------------------|-------------------------|-------------|
| | Number | |
| 9110058-Business License | LC81190181 | \$50.00 |
| | | |