



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025096519
Receipt Date:	04/23/2025
Date Paid:	04/23/2025
Payment Method:	Check,
Check Number:	7436,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	THAT HEALING FEELING WELLNESS CENTER/CHRISTINE COOPER-CHUBB, Address:2117 E 129TH ST , Phone:(816) 246-9355

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62250284	\$50.00