



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025096552
Receipt Date:	04/24/2025
Date Paid:	04/24/2025
Payment Method:	Check,
Check Number:	100186739,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Raintree Family Dental Care, Address:251 Little Falls Dr, Phone:(800) 927-9801 Ext:63859

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62240361	\$50.00