



RECEIPT OF PAYMENT

Receipt Number:	2025096692
Receipt Date:	04/30/2025
Date Paid:	04/30/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SAMANTHA LINVILLE, Address:3909 NE BEACH RD, Phone:(913) 284-4965

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC53230332	\$50.00