



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

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|--------------------------|---|
| Receipt Number: | 2025096784 |
| Receipt Date: | 05/05/2025 |
| Date Paid: | 05/05/2025 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | Alec Bray Insurance and Financial Services Inc , Address:2101 Nw. 8Th St., Phone:(816) 988-6333 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC52240115 | \$50.00 |
| | | |