

RECEIPT OF PAYMENT

Receipt Number:	2025096822
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:	Image Studio/Healthy Tresses by Taja Bell, Address:840 NW BLUE PKWY, Unit D, STE 130, Phone:(913) 548-3358

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81250316	\$50.00