

RECEIPT OF PAYMENT

Receipt Number:	2025097103
Receipt Date:	05/12/2025
Date Paid:	05/12/2025
Payment Method:	Check,
Check Number:	3909,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	WILSHIRE HILLS BEAUTY SALON, Address:713 N OSAGE TRAIL, Phone:(816) 524-3130

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC81142753	\$50.00