



RECEIPT OF PAYMENT

Receipt Number:	2025097312
Receipt Date:	05/14/2025
Date Paid:	05/14/2025
Payment Method:	Check,
Check Number:	1167,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	KATHI MATTHES DDS PC, Address:517 SW 3RD ST, Phone:(816) 524-3734

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142853	\$50.00