



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025097441
Receipt Date:	05/16/2025
Date Paid:	05/16/2025
Payment Method:	Check,
Check Number:	822,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	CUSTARD INSURANCE ADJUSTERS INC, Address:4875 AVALON RIDGE PARKWAY, Phone:(816) 943-1779 Ext:PHYSICAL

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52141599	\$50.00