



RECEIPT OF PAYMENT

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|--------------------------|---|
| Receipt Number: | 2025097451 |
| Receipt Date: | 05/16/2025 |
| Date Paid: | 05/16/2025 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | Hailie Ferguson, Address:3309 South Willis Avenue, Phone:(816) 316-3003 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC81250326 | \$50.00 |
| | | |