



## RECEIPT OF PAYMENT

|                          |   |
|--------------------------|---|
| Receipt Number:          | 2025097527  |
| Receipt Date:            | 05/20/2025  |
| Date Paid:               | 05/20/2025  |
| Payment Method:          | Check,  |
| Check Number:            | 100191035,  |
| Transaction Information: |   |
| Full Amount:             | \$50.00   |
| Amount Tendered          | \$50.00   |
| Paid By:                 | ARC PHYSICAL THERAPY PLUS LIMITED PARTNERSHIP,<br>Address:1300 W SAM HOUSTON PKWY S, SUITE 300,<br>Phone:(816) 875-3884 |

### **Fees:**

| Fee Description          | Reference / Application Number | Amount Paid |
|--------------------------|--------------------------------|-------------|
| 9110058-Business License | LC62150580                     | \$50.00     |
|                          |                                |             |