



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025097756
Receipt Date:	05/23/2025
Date Paid:	05/23/2025
Payment Method:	Check,
Check Number:	7394,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ROCKHILL WOMEN'S CARE INC, Address:20 NE SAINT LUKES BLVD, Unit 310, Phone:(816) 282-7809

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143547	\$50.00