

RECEIPT OF PAYMENT

Receipt Number:	2025097769
Receipt Date:	05/23/2025
Date Paid:	05/23/2025
Payment Method:	Check,
Check Number:	2477,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TWIN LAKES INSURANCE AGENCY, Address:2641 NE MCBAINE DR, Phone:(816) 525-2125

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC52144315	\$50.00