



RECEIPT OF PAYMENT

Receipt Number:	2025097797
Receipt Date:	05/27/2025
Date Paid:	05/27/2025
Payment Method:	Check,
Check Number:	1159,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	STATE FARM INSURANCE/BRUCE HOLIMAN, Address:319 SE DOUGLAS ST, Unit 317, Phone:(816) 524-5150

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC52143810	\$50.00