

RECEIPT OF PAYMENT

Receipt Number:	2025097969
Receipt Date:	05/30/2025
Date Paid:	05/30/2025
Payment Method:	Check,
Check Number:	1000250018,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	JOANNA HURD DDS PC, Address:410D SE 3RD ST, Unit 102A, Phone:(816) 524-4509

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
9110058-Business License	LC62142667	\$50.00