



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098331
Receipt Date:	06/10/2025
Date Paid:	06/10/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	AGAPE IN HOME & HEALTH CARE, Address:306 SE M 291 HWY, Unit 1A, Phone:(816) 548-3311

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140968	\$50.00