



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098401
Receipt Date:	06/11/2025
Date Paid:	06/11/2025
Payment Method:	Check,
Check Number:	2971,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	TLC FAMILY DENTISTRY, Address:3568 SW MARKET ST, Phone:(816) 537-6161

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62144123	\$50.00