

RECEIPT OF PAYMENT

Receipt Number:	2025098414
Receipt Date:	06/12/2025
Date Paid:	06/12/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	MASSAGE HEIGHTS/TAYLOR SEYFRIED, Address:1806 CHEYENNE CT, Phone:(816) 554-3438

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140607	\$50.00