

RECEIPT OF PAYMENT

Receipt Number:	2025098497
Receipt Date:	06/13/2025
Date Paid:	06/13/2025
Payment Method:	Check,
Check Number:	18238,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ETC PHYSICAL THERAPY INC, Address:PO BOX 320, Phone:(816) 347-9696

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62141740	\$50.00