



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098763
Receipt Date:	06/23/2025
Date Paid:	06/23/2025
Payment Method:	Check,
Check Number:	1616,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LAKEWOOD CHIROPRACTIC PC, Address:731 NE LAKEWOOD BLVD, Phone:(816) 373-3373

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142523	\$50.00