



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098814
Receipt Date:	06/24/2025
Date Paid:	06/24/2025
Payment Method:	Check,
Check Number:	48251196,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	LEE'S SUMMIT MEDICAL CENTER, Address:2100 SE BLUE PKWY, Phone:(816) 282-5000

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62142755	\$50.00