



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098827
Receipt Date:	06/24/2025
Date Paid:	06/24/2025
Payment Method:	Check,
Check Number:	225222,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	DIGESTIVE HEALTH SPECIALISTS LLC, Address:110 NE SAINT LUKES BLVD, Unit 530, Phone:(816) 554-3838

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62143964	\$50.00