



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098859
Receipt Date:	06/25/2025
Date Paid:	06/25/2025
Payment Method:	Check,
Check Number:	3000,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	A HEALTHY ALTERNATIVE/ALBERTA ADKINS, Address:13310 13th St., Phone:(816) 405-8273

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140486	\$50.00