



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025098921
Receipt Date:	06/26/2025
Date Paid:	06/26/2025
Payment Method:	Check,
Check Number:	2687,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	ADVANCED SURGICAL ASSOCIATES, Address:2861 NE INDEPENDENCE AVE, Unit 205, Phone:(816) 246-0800

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110058-Business License	LC62140945	\$50.00