



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025099333
Receipt Date:	07/09/2025
Date Paid:	07/09/2025
Payment Method:	Check,
Check Number:	678,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	SEVENTH WAVE INSURANCE, Address:410 SE 3RD ST 106D, Phone:(816) 207-0097

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC52180351	\$50.00