

## **RECEIPT OF PAYMENT**

| Receipt Number:          | 2025099516   |
|--------------------------|--|
| Receipt Date:            | 07/16/2025   |
| Date Paid:               | 07/16/2025   |
| Payment Method:          | Check,   |
| Check Number:            | 0100199998,  |
| Transaction Information: |  |
| Full Amount:             | \$50.00  |
| Amount Tendered          | \$50.00  |
| Paid By:                 | SCHOOL OF ROCK LEE'S SUMMIT, Address:1121 NE RICE RD, Phone:(816) 272-5216 |

## Fees:

| Fee Description  | Reference / Application | Amount Paid |
|------------------|-------------------------|-------------|
|                  | Number                  |             |
| Business License | LC61144294              | \$50.00     |
|                  |                         |             |