

RECEIPT OF PAYMENT

Receipt Number:	2025099538
Receipt Date:	07/17/2025
Date Paid:	07/17/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Zen massage/Briana Faulkner, Address:19740 east 39th place s

Fees:

Fee Description	Reference / Application Number	Amount Paid
Business License	LC62250514	\$50.00