

RECEIPT OF PAYMENT

Receipt Number:	2025100046
Receipt Date:	08/04/2025
Date Paid:	08/04/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$564.96
Amount Tendered	\$564.96
Paid By:	Mike Leardi, Address:344 CAPITAL DR NW, Phone:(816) 564-3918

Fees:

Fee Description	Reference / Application Number	Amount Paid
Valuation Fee for Alteration to Commercial	PRCOM20252907	\$564.96