



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2019047166
Receipt Date:	12/26/2019
Date Paid:	12/26/2019
Payment Method:	Check,
Check Number:	1038,
Full Amount:	\$100.00
Amount Tendered	\$100.00
Paid By:	OATMAN FAMILY DENTISTRY, Address:500 NE JASPER CIR, Phone:(816) 524-7050

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110062-Sign Permit-Permanent Fee	PRSGN20193679	\$100.00