



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

| | |
|-----------------|---|
| Receipt Number: | 2020048114 |
| Receipt Date: | 02/28/2020 |
| Date Paid: | 02/28/2020 |
| Payment Method: | Check, |
| Check Number: | 001348, |
| Full Amount: | \$8,587.50 |
| Amount Tendered | \$8,587.50 |
| Paid By: | ADVANCED SURGICAL ASSOCIATES, Address:3460 NE RALPH POWELL RD , Phone:(816) 246-0800 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|---------------------------------------|-----------------------------------|-------------|
| 7232302-Commercial License Tax Fee | PRCOM20193031 | \$8,587.50 |
| | | |