



**LEE'S SUMMIT**  
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2020053389
Receipt Date:	09/11/2020
Date Paid:	09/11/2020
Payment Method:	Credit Card,
Check Number:	,
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	REDEEMED IN HOME CARE, Address:30301 E WINDMILL RIDGE LANE, Phone:(816) 209-6919

**Fees:**

Fee Description	Reference / Application Number	Amount Paid
9110078-Valuation Fee for Repair/Replace/Upgrade	PRRES20202933	\$50.00