

RECEIPT OF PAYMENT

Receipt Number:	2023078836
Receipt Date:	06/05/2023
Date Paid:	06/05/2023
Payment Method:	Check,
Check Number:	1032,
Transaction Information:	
Full Amount:	\$4,521.00
Amount Tendered	\$4,521.00
Paid By:	SANO ORTHOPEDICS, Address:2861 NE INDEPENDENCE AVE, Unit 201, Phone:(816) 525-2840

Fees:

Fee Description	Reference / Application	Amount Paid
	Number	
7232302-Commercial License Tax Fee	PRCOM20231559	\$4,521.00