

RECEIPT OF PAYMENT

Receipt Number:	2023083617
Receipt Date:	11/28/2023
Date Paid:	11/28/2023
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$50.00
Amount Tendered	\$50.00
Paid By:	Kelly Ediger, Address:14000 Marshall Drive, Phone:(913) 888-8436

Fees:

Fee Description	Reference / Application Number	Amount Paid
9110062-Sign Permit-Temporary Fee	PRSGN20236154	\$50.00